

**THE ROLE OF SOCIAL MEDIA IN HIV/AIDS COMMUNICATION:  
THE RELATIONSHIP BETWEEN PERCEIVED NEED AND  
DESIGN UTILITIES**

**by**

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**RBRJEA006**

Submitted in fulfillment of the requirements for the degree

Master's in Business Sciences – Marketing

in the

SCHOOL OF MANAGEMENT STUDIES – FACULTY OF COMMERCE

at the

UNIVERSITY OF CAPE TOWN

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28 July 2014

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## **DECLARATION**

I declare that the Master's script, which I hereby submit for the degree MBusSci in Marketing at the University of Cape Town, is my own work and has not previously been submitted by me for a degree at another university.

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28 July 2014

## **ACKNOWLEDGEMENTS**

I wish to extend my sincere gratitude to the following people and institutions for their contribution to this research script:

My supervisor, Associate Professor Gert Human, for his assistance, guidance and encouragement throughout the study;

My family and friends for their faith in my abilities, continuous support and encouragement; and

Annarica Allison for the proofreading of the script.



## **ABSTRACT**

This study aims to explore the role of social media in HIV/AIDS communication, by investigating the relationship between perceived need utilities of social media and the design utilities of the communication channel. Following the media richness theory (MRT) and channel expansion theory (CET), a model is proposed that suggests that need utilities drive social media utility. It is furthermore suggested that social media utility is positively associated with the design appropriateness of social media to create or consume HIV/AIDS content. The proposed model presents the interpersonal consumer expectations of message control, privacy, trust and endorsement as need utilities, while social media as a place to interact and a place to which to escape, are identified as social media utilities. As a high at-risk HIV-group, the research approach is outlined within the demographic segment of university students in the Western Cape, between the ages of 18 to 24 years. The constructs of social change (communication objective), social capital (product of communication) and social influence (targeted communication), are operationalised within a social media context to explore consumer motivations to interact or escape. The benefits and limitations of using social media for effective HIV/AIDS communication are also assessed, as these practically influence the perception of the role of a communication channel within a particular communication context. The research methodology firstly comprised of six qualitative focus group discussions, which assisted in the generation of the hypotheses and facilitated the formulation of the conceptual model. Secondly, data from 991 online surveys were analysed to quantitatively test the formulated hypotheses and gauge support for the proposed model. The results support the hypotheses and proposed model, by indicating that need utilities drive social media utility, which in turn drive design appropriateness. Furthermore, the results also reveal that the social media utility of being a place to interact is positively associated with the design appropriateness of social media for HIV/AIDS content creation and consumption. The perception of social media as a place to which to escape, however negatively affects the design appropriateness of social media for HIV/AIDS content creation and consumption. The study discusses the implications for health communication from an integrated marketing communications approach and puts forward recommendations for strategy development, as well as monitoring and evaluation. Lastly several recommendations are put forward for future research.

# **TABLE OF CONTENTS**

## **CHAPTER ONE: INTRODUCTION**

1.1	Introduction.....	1
1.2	Context and rationale.....	2
1.3	Research problem.....	3
1.4	Research objectives.....	4
1.5	Chapter outline.....	4

## **CHAPTER TWO: THE NATURE, ROLE AND IMPORTANCE OF SOCIAL MEDIA**

2.1	Introduction.....	7
2.2	Social media defined.....	8
2.3	The social approach to social media marketing.....	12
2.3.1	Social commerce.....	14
2.3.2	Political marketing.....	14
2.3.3	Crisis communication.....	15
2.3.4	Tourism and travel.....	16
2.3.5	Entrepreneurial deployment.....	16
2.3.6	Public relations.....	17
2.3.7	Healthcare.....	18
2.4	The media approach: social media design deconstructed.....	20
2.4.1	A platform to create content.....	21
2.4.2	A platform for content consumption.....	22
2.5	A technological approach: driving interactivity and content aggregation.....	23
2.5.1	Dissemination of content.....	24
2.5.2	The convergence of media.....	25
2.6	Social media by-products.....	27
2.6.1	Social change as marketing communication objective.....	27
2.6.2	Social capital as the product of communication.....	28
2.6.3	Targeting social influence.....	29
	a. Group referencing.....	31
	b. Self-presentation.....	32

2.7	Social media as an element of integrated marketing communications.....	34
2.8	Conclusion.....	36

### **CHAPTER THREE: USING SOCIAL MEDIA FOR HIV/AIDS COMMUNICATION**

3.1	Introduction.....	38
3.2	Technology-mediated health communication.....	40
3.2.1	E-health explained.....	43
3.2.2	E-health trends.....	44
3.3	Using social media for health communication.....	47
3.4	Using social media for HIV/AIDS communication.....	50
3.4.1	Criteria to identify benefits and limitations to using social media for HIV/AIDS communication.....	52
3.4.2	Perceived benefits and limitations to using social media for HIV/AIDS communication.....	53
3.5	Conclusion.....	54

### **CHAPTER FOUR: THEORIES ON PERCEPTION AND SOCIAL MEDIA IN AN HIV/AIDS CONTEXT**

4.1	Introduction.....	55
4.2	Overview of HIV/AIDS communication approaches.....	56
4.3	Overview of theories on perception of a communication channel.....	60
4.3.1	Media richness theory.....	62
4.3.2	Channel expansion theory.....	64
4.4	Perception in a social media context.....	65
4.4.1	Exposure as part of the perception process.....	68
4.4.2	Attention as part of the perception process.....	70
4.5	Interpersonal expectations of social media.....	72
4.5.1	Audience.....	72
4.5.2	Purpose of use.....	73
4.5.3	Message control.....	75
4.5.4	Privacy.....	76
4.5.5	Trust.....	78
4.6	Ethical considerations.....	79
4.7	Conclusion.....	80

## **CHAPTER FIVE: THE METHODOLOGY OF THE STUDY**

5.1	Introduction.....	82
5.2	Data collection.....	83
5.3	Qualitative research.....	84
5.3.1	Qualitative research findings.....	87
5.3.2	Hypotheses.....	96
5.4	Quantitative research.....	98
5.4.1	Pilot study.....	98
5.5	Measurement.....	100
5.6	Sample frame.....	101
5.7	Conclusion.....	102

## **CHAPTER SIX: RESULTS**

6.1	Introduction.....	104
6.2	Main study.....	104
6.2.1	Descriptive statistics.....	104
a.	Communicating online in one's mother tongue.....	106
b.	Social media as a place to which to escape.....	107
6.2.2	The measurement model.....	108
a.	Reliability.....	108
b.	Validity.....	111
6.3	Structural model.....	114
6.3.1	Hypotheses testing.....	115
6.3.2	Effect sizes.....	116
6.4	Conclusion.....	118

## **CHAPTER SEVEN: CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS**

7.1	Introduction.....	121
7.2	Conclusions.....	121
7.2.1	Primary research question.....	122
7.2.2	Secondary research questions.....	125
7.3	Recommendations.....	126
7.3.1	Recommendations based on conclusions from study.....	126
7.3.2	Recommendations for strategy development.....	127
7.3.3	Recommendations for monitoring and evaluation of communication...	129
7.4	Limitations of the study.....	129

7.5 Recommendations for future research.....	131
<b>LIST OF REFERENCES.....</b>	<b>132</b>

## **LIST OF FIGURES**

Figure 4.3.2	Generalized conceptual model of the use and perceptions of communication channels.....	64
Figure 5.10	A conceptual model to assess student perceptions of the role of social media in HIV/AIDS communication.....	99
Figure 6.1	Preference for communicating online in one's mother tongue..	106
Figure 6.2	Lose track of time and forget about surroundings when on Facebook.....	107
Figure 6.3	Revised conceptual model to assess student perceptions of the role of social media in HIV/AIDS communication.....	110
Figure 6.4	Effect size values of the hypothesized theoretical model.....	117

## **LIST OF TABLES**

Table 2.1	Social media platforms.....	11
Table 2.3	Identified interpersonal expectations.....	19
Table 3.2	Technology-mediated health communication approaches.....	41
Table 3.2.1	E-health trends.....	44
Table 3.3	Social media as social marketing tool for health communication.....	47
Table 3.4	Social media attributes perceived to benefit or limit HIV/AIDS communication.....	53
Table 4.2	Social marketing campaigns focusing on HIV/AIDS awareness and prevention.....	57
Table 4.2.1	A summary of approaches used in HIV/AIDS communication.....	58
Table 4.4	User perception of technology-mediated media for communication....	67
Table 4.6	Ethical principles and considerations for the evaluation of technology-mediated health promotion.....	80
Table 5.1	Demographic information of focus group 1 on UWC.....	85
Table 5.2	Demographic information of focus group 2 on UWC.....	86
Table 5.3	Demographic information of focus group 3 on UWC.....	86
Table 5.4	Demographic information of focus group 4 on UCT.....	86
Table 5.5	Demographic information of focus group 5 on UCT.....	86
Table 5.6	Demographic information of focus group 6 on UCT.....	86
Table 5.7	Focus group findings on perceived benefits of using social media for HIV/AIDS communication.....	89
Table 5.8	Focus group findings on perceived limitations of using social media for HIV/AIDS communication.....	90
Table 5.9	Variables that contribute to student perceptions of social media for HIV/AIDS communication.....	92
Table 5.10	Scales and measurement instruments employed.....	100
Table 6.1	Key demographic information of the sample.....	105
Table 6.2	Means, standard deviations and skewness for escapism scale.....	107
Table 6.3	Reliability indicators for the measurement model.....	109
Table 6.4	Correlation matrix.....	112
Table 6.5	Latent variable correlation matrix and descriptive statistics.....	113
Table 6.6	Results of PLS path analysis.....	115
Table 6.7	Effect sizes.....	117

## **GLOSSARY OF TERMS**

Social media	A collective term to describe the various online media platforms that enable user to connect to each other, by either generating content for social interaction and collaborative participation, or consuming said content at own will.
A place to get information	Using social media platforms to obtain information.
A place to interact	Using social media to connect to communities with similar interests or values.
A place to which to escape	Using social media as a form of escapism
Content consumption	Consuming social media content (reading, using, accessing), which was created by another user.
Content creation	Creating new social media content, by originating, posting, or contributing one's own messages or ideas.
Endorsement	The power of peer and/or celebrity endorsement on social media participation.
Familiarity	Familiarity with the online audience that one perceives one is communicating with on a social media platform.
Interpersonal expectations	User expectancies, which contribute to the forming of a perception of the use of social media for communication purposes in a specific context.
Message control	Level of control over an online message being communicated with others via social media.
Privacy	The ability to control one's personal information in an online-networked context.
Social media design appropriateness	The appropriateness of the design of social media, to facilitate the creation and consumption of content, in a specific communication context.
Social media utilities	Communication purposes that users employ social media for.
Social networking	Web-based platforms that allow direct two-way communication and the sharing of information between users in a bounded system, of which the users share a connection.
Trust	Willingness to believe information, or the source of information, which one accesses in an online-networked context.



## **CHAPTER ONE: INTRODUCTION**

### **1.1 Introduction**

Social media has fundamentally changed the way in which people communicate and share information (Kaplan & Haenlein, 2009), and health communication has certainly not been immune to this information revolution (Kreps, 2011). As the general use of social media expands, research relating to the use of social media for health communication purposes has also increased in scope (Moorhead, Hazlett, Harrison, Carroll, Irwin & Hoving, 2013). Rapid social media advances furthermore compel marketers of health messages to keep pace with the developments (Schein, Wilson & Keelan, 2010) and this is especially true in relation to the youth target markets who display high social media usage adoption (Boyd & Ellison, 2008).

Due to an increasing number of South African students choosing to converge at social media platforms to share their lives (Cranston & Davies, 2009), the opportunity to impact their behaviour and perception (Park, 2010) of specifically HIV/AIDS through social media platforms, presents itself daily. Simultaneously, students constitute a significant priority group for the allocation of funds for HIV/AIDS prevention campaigns in South Africa (Chetty & Michel, 2005), with the most recent being hailed as the “most ambitious” (Beaumont, 2011) university-based HIV counseling and testing campaign in the world.

When strategically designed and implemented, social media may be a potentially powerful communication channel for the dissemination of HIV/AIDS information (Evans, Davis & Zhang, 2008) among the youth in South Africa (Mpofu & Salawu, 2014). Despite this assertion, little research has explored students’ perception toward using social media for HIV/AIDS communication in this country.

This study thus seeks to contribute to an increasing demand for research assessing the role of social media in HIV/AIDS communication (Chou, Hunt, Beckjord, Moser & Hesse, 2009; Gold, Pedrana, Sacks-Davis, Hellard, Chang, Howard, Keogh, Hocking & Stooze, 2011). With different social media platforms already being utilized to communicate health-related content (Fernandez-Luque, Elahi & Grajales, 2009; Keelan, Pavri, Balakrishnan & Wilson, 2009; Moreno, Parks, Zimmerman, Britto &

Christakis, 2009), this research gives a snapshot representation of the prevailing perception among the youth in the South African context.

The findings of the study furthermore aim to benefit marketing practitioners who implement health-marketing campaigns with an emphasis on HIV/AIDS communication. A better understanding of students' sentiment toward social media's role for personal health and health-messaging, could aid marketing practitioners to better target and maximize on the effectiveness (Cranston & Davies, 2009), when developing marketing campaigns to this target market.

Additionally, using the research findings, future research could investigate students' perception of using social media to facilitate social change in other areas such as encouraging environmentally sound behaviour i.e. recycling or encouraging social participation i.e. voting.

Along with the benefits that social media offer as an HIV/AIDS communication tool, there are inherent limitations and possible negative implications (Kreps, 2011; Popović & Smith, 2010). This necessitates that the perceived benefits and limitations of using social media in the potentially sensitive context of HIV/AIDS also need to be examined. Perceptions are however not formed in a communication vacuum (Kimble, Grimshaw, & Hildreth, 1998), and various contributing factors may affect one's experience of a communication channel. These factors will hence be contextually identified and its influence on the audience's perception explored.

## **1.2 Context and rationale**

A recent student survey in South Africa revealed that well over half of South African students, 59%, indicated that they are addicted to social media (World Wide Worx, 2013). Of these students, 50% access the Internet from a PC at their tertiary institution (World Wide Worx, 2013). These findings support a 2009 survey, which showed that 99% of South African university students access the Internet with the main purpose of accessing social media platforms – 88% doing so a few times a week (Student Village, 2009).

High usage statistics like these have made a compelling case for the inclusion of social media as part of comprehensive interventions aimed at behavioural- or social change relating to HIV/AIDS communication (Bennett & Glasgow, 2009; Young & Rice, 2011). Conversely, HIV/AIDS communication efforts to date have had limited success in changing behaviours or increasing understanding of the motivations of at-risk priority groups (Mpofu & Salawu, 2014), with no clear indication why (Cranston & Davies, 2009).

As research in the area of social media and HIV/AIDS communication is growing in importance and is changing so rapidly, continued primary research is essential to keep pace and identify the most promising innovations (Cranston & Davies, 2009). Examining students' perception toward social media for HIV/AIDS communication could thus be a first step in understanding this at-risk priority group's stance toward the medium in this specific context.

By exploring the relationship between an HIV priority groups' interpersonal needs and the design utilities of social media, the implications on health communication can be evaluated for future re-employment and greater impact in a strategic marketing framework.

### **1.3 Research problem**

The crux of the marketing problem to be investigated in this research is to gauge student perceptions of the role of social media in HIV/AIDS communication. Investigating this problem will reveal key insights into students' interpersonal expectations of social media, if any, within an HIV/AIDS communication context. In addition, such results will also reveal which factors contribute to a negative and/or positive perception of the medium as a vehicle to deliver HIV/AIDS-related messages.

The study will also seek to answer the following secondary research questions:

- Are university students using social media platforms to consume information on HIV/AIDS?
- Are university students using social media platforms to create information on HIV/AIDS?

- Are university students using social media to disseminate information on HIV/AIDS?

Students' interpersonal expectations and usage of social media for the consumption or creation of HIV/AIDS information are explored, in order to research the relationship between students' interpersonal expectations and social media's design appropriateness for HIV/AIDS communication.

#### **1.4 Research objectives**

The dissertation has two objectives. The primary objective is to assess the perceptions of students regarding the role of social media in HIV/AIDS communication. Assessing these perceptions firstly necessitates the identification of students' interpersonal expectations of social media as a communication channel, in order to secondly explore the relationship between these interpersonal expectations and social media's design utilities.

The secondary objective is to assess the perceived benefits and/or limitations of using social media for HIV/AIDS communication. In order to consider how social media can be employed for health-related communication, and more specifically HIV/AIDS communication, marketing practitioners need to be aware which factors contribute to effective communication and which factors hinder communication.

#### **1.5 Chapter outline**

##### **Chapter one: Introduction and background**

Chapter one outlines the rationale of the study, within the context of students' exposure to HIV/AIDS communication and interventions as an at-risk priority group. South African tertiary students' social media consumption is also addressed. Furthermore this section provides an overview of what the study is exploring, the broad and key questions to be addressed, and also provides an outline of the chapters that follow.

## **Chapter two: The nature, role and scope of social media**

Chapter two is a review of the role of social media within the context of marketing communication. The term is defined within the boundaries of the study and the various approaches, which define the term, are explored to underline its scope. Examples are cited to practically highlight various utilities and users' expectations within each context. The constructs of social change, social capital and social influence are also assessed. Lastly, this chapter surveys the inclusion of social media as part of integrated marketing communications.

## **Chapter three: Using social media for HIV/AIDS communication**

Chapter three reviews previous studies and literature, assessing social media's application as a communication channel for health related communication and specifically HIV/AIDS messaging. Based on the literature reviewed, this section will also refer to the perceived benefits and limitations of using social media for HIV/AIDS communication.

## **Chapter four: Perceptions and social media in an HIV/AIDS context**

Chapter four assesses the theories and models that have been employed to study perception of a communication channel within a specific context. Two theories will form the basis of this study and will be explored in more detail:

- a. The media richness theory (Daft & Lengel, 1986) – which states that communication consists of a variety of cues that convey information as well as help a receiver to reach clarity by providing a social, emotional or task-related context; and
- b. The channel expansion theory (Carlson & Zmud, 1999) – which focuses on how individuals develop perceptions of media richness or capacity to facilitate shared meaning. Previous HIV/AIDS communication approaches are also briefly reviewed.

## **Chapter five: The methodology of the study**

Chapter five focuses on the research methodology used for this study and outlines the qualitative and quantitative research methodologies

employed. Furthermore it provides motivation for the use of focus groups and online surveys as data collection instruments and also explores the types of analyses undertaken by the survey.

### **Chapter six: Results**

Chapter six reviews and analyses the findings of both the focus groups and the online survey, with an emphasis on how the findings address the overall research questions for this study. The conceptual and measurement models are presented and findings pinned against the hypotheses.

### **Chapter seven: Conclusions, recommendations and limitations**

Chapter seven provides the conclusion, which summarizes the study, identifies challenges, strengths and weaknesses and identifies new and further research areas that may have surfaced through the research process.

## CHAPTER TWO: THE NATURE, ROLE AND IMPORTANCE OF SOCIAL MEDIA

### 2.1 Introduction

The insurgence of new digital communication technologies has profoundly transformed the nature of communication in society during this past decade (Mangold & Faulds, 2009). The technological revolution has largely been driven by the democratization of information (Constantinides & Fountain, 2008; Singh & Cullinane, 2010) – accessible to the masses – with the Internet being centrally positioned as the conduit. In this age of shared information, the Internet is increasingly progressing from an information-centric medium (Kreps, 2011) to one that, as stated by Singh and Cullinane (2010), is characterized by the creation, dissemination and coordination of collective intelligence. This has led to the emergence of various digital communities that utilize the different online platforms afforded to them via the Internet for diverse outcomes and objectives (Schiavo, 2008) – from the purely altruistic to purely commercial (Singh & Cullinane, 2010).

Research assessing the efficacy and application of social media for HIV/AIDS communication among priority and high-risk groups are in short supply (Cranston & Davies, 2009). This also holds true in sub-Saharan Africa (Buysschaert, 2009), where the majority of new cases of HIV infection occur in people aged between 15 and 24 (Paul-Ebhohimhen, Poobalan & Van Teijlingen, 2008; UNICEF, 2010).

Three aspects are assessed to clarify the research question:

- a. Social media utilities (Browning, Gerlich & Westermann, 2011; Rice, Monro, Barman-Adhikari & Young, 2010):
  - What has social media typically been employed for and does its use as a marketing communication tool yield insights to this study?
  - How, where and why are students using social media platforms to create and share thoughts with each other?
- b. What are students' expectations of social media:
  - As users of social media in general? (Boyd, 2007)
  - As consumers of HIV/AIDS information? (Barkhuus & Tashiro, 2010)
  - As disseminators of HIV/AIDS information?

- c. Social media's design suitability for HIV/AIDS communication (Bennett & Glasgow, 2008; Evans *et al.*, 2008; Chib, Lwin, Lee, Ng & Wong 2010):
- Are there social media innovations and insights from other communication campaigns, health-related or HIV/AIDS-specific that marketers can benefit from for this study in particular?

Each of these aspects is addressed in the following three literature review chapters. Within the scope of the research question this chapter firstly sets out to define social media – from the broad sense of the term, to its pertinence within the scope of the specific research question. To outline how social media is currently being used in modern society, its deployment as a marketing and health communication tool is assessed. The design utilities of social media is explored, by reviewing its use as a tool for the dissemination of information, as well as surveying the effect of media convergence on social media.

The chapter also examines previous studies and literature that explore the various social-termed constructs of social change, social capital and social influence, functioning within a social media realm. The aim is to enunciate how each of these constructs relates to the accrual and dissemination of information within a group context. First, the term is defined.

## **2.2 Social media defined**

To begin the discussion, it is necessary to create a definition of the term social media. Due to social media's rapid proliferation, there is currently no general consensus in literature on what its exact universal definition should be (Hanna, Rohm & Crittenden, 2011; Kaplan & Haenlein, 2010; Solis, 2007; Xiang & Gretzel, 2010). It seems that the term is best defined by outlining the various components of which it consists (Constantinides, Romero & Gómez Boria, 2008). In practice, there is agreement that it is an umbrella term referring to the media one uses to involve oneself in social interaction through connecting with other users online (Chou *et al.*, 2009; Kaplan & Haenlein, 2010; Romero, Galuba, Asur & Huberman, 2011).



In a social context, Safko (2010) argues that social media fulfills an instinctual human need to connect, while McCarthy (2011) adds that as social beings, humans will naturally gravitate toward channels that enable effective connections with others. Conversely, the term media accounts for the various participative Internet-based tools, which enable and facilitate this sharing of content between users effectively (Safko, 2010; Terry, 2009).

Sharing content can be equated to online conversations (Constantinides & Fountain, 2008; Fox & Jones, 2009; Java, 2007), of which the conversation can be influenced in some way (Frey & Rudloff, 2010), due to it being publicly visible and open to modification (Boyd & Ellison, 2008). The communication process can be fairly simple such as asking directly for a person's opinion or rating on a topic or idea – in which form it is seen to function as a straightforward, two-way communication channel (Frey & Rudloff, 2010). A more complex scenario would entail retrieving third party content from one social media platform and sharing it with a host of other users on other social media platforms for collaborative modification. In this form is seen to function as a many-to-many approach to sharing communication messages (Kaplan & Haenlein, 2010; Solis, 2007).

Social media heralds a shift in how people create, discover, modify, and share information with each other, which theorists term the '*democratization of content*' (Kaplan & Haenlein, 2010; Solis, 2010). As the technological ability to share content is ever-evolving, the term also describes the plethora of online tools that one can use, regardless of proximity, to share opinions, insights, experiences, perspectives and media with others (Solis, 2010). Some regard the sharing of content as the primary purpose of social media (Pagani, Hofacker & Goldsmith, 2011), while Schein *et al.* (2010) emphasise that its interactive nature sets it apart from other forms of media.

To illustrate this, Constantinides *et al.* (2008) use the example of YouTube, which, as a broadcast medium, can be used to promote a movie trailer or post a commercial advertisement; however this does not constitute it operating fully as an interactive social medium. Its characteristics as an effective social media platform can only be considered once users either link to, remix, repurpose, or discuss the posted content (Constantinides *et al.*, 2008; Schein *et al.*, 2010), or, in other words interact with it. Building on its interactive nature, Scanfield, Scanfield and Larson (2010:183) assert

that social media is distinguished by “*interactivity across multiple horizontal connections, which produce in aggregate a mutable, collectively generated user experience.*”

The terms social networking sites and social media are often incorrectly used interchangeably (Moorhead *et al.*, 2013). Social networking sites, such as Facebook, are web-based platforms that allow direct two-way communication and the sharing of information between users in a bounded system, of which the users share a connection (Boyd, 2008). Social media however represent the various platforms, of which social networking sites are one, that enable and facilitate the creation, consumption, and delivery of the information (Kaplan & Haenlein, 2010; Moorhead *et al.*, 2013).

As derived from the reviewed literature, it is clear that the definition of social media may be approached from various perspectives:

- a. The social approach seems to emphasise the connection of online users with each other.
- b. The media viewpoint seems to stress that the connections are participative and content can both be created and consumed.
- c. The technology platform approach focuses on the tools, which advances interactivity and is conducive to the creation of aggregated user-generated content.

Based on the preceding discussion, this study will mostly focus on the social and media approaches, and the inclusion of the technological aspects relating specifically to interactivity and content aggregation – where relevant to explore the social media utilities. Students’ expectations of social media as a communication channel will also be explored to examine the relationship between students’ perceived interpersonal expectations, and the actual design of social media, in the context of HIV/AIDS communication.

For the purposes of this study the adopted definition of social media, based on these approaches, is:

*A collective term to describe the various online media platforms that enable users to connect to each other, by either generating content for social interaction and collaborative participation, or consuming said content at own will.*

To create a clearer picture of the occurrences that make up the social media landscape, Table 2.1 gives an overview of the various platforms with accompanying descriptions. These Internet-enabled and technology-mediated platforms carry user generated content which users chronicle online for easy access by other receptive consumers, mostly informed by relevant or shared experience (Blackshaw, 2006).

**Table 2.1: Social media platforms**

Platform	Description
Application (App)	A program or utility written and designed to perform specific tasks for devices and platforms.
Blog (Weblog)	A website that contains regularly updated entries displayed in reverse chronological order.
Microblog	A form of blogging that allows users to send brief text updated or micro-media to be viewed by the public or a restricted group.
Social networking website	Online communities that share interests and/or activities.
Instant messaging	Online, real-time, text based communication between at least two users by means of networked computers or cell phones.
Wiki	A website that enables the easy creation and editing of inter-linking web pages.
Social news and bookmarking	Social bookmarking enables users to save and share links to web pages organised by metadata (e.g., “tags” or keywords). Social news sites often enable users to vote on links to news, bringing the most popular stories to the top.
User reviews	A website or site feature on which people can post opinions about people, businesses, products, or services.
Photo/video sharing	A website that enables the publishing of users’ digital photos or video clips online, facilitating sharing with others.
Virtual worlds	A simulated environment in which users can interact with one another and with the environment.
News aggregators	A website that collects, collates, and organizes syndicated web content, creating a customised site where all desired content is centralized.
Widgets/Gadgets/Badges/Buttons	A small, portable stand-alone application that can be easily shared and embedded in another website.

*Adapted: Scanfield et al., 2010*

The various platforms laid out in Table 2.1, enable users to either interact with other users familiar to them, or initiate new connections based on relevant or shared interests (Ellison, Steinfield & Lampe, 2007). This ability to forge new connections through shared experience has also introduced a shift in the marketplace communication process (Luck, Beaton & Moffat, 2010), where traditional push strategies have increasingly been transformed into consumer pull strategies (Cooke & Buckley, 2008; Luck *et al.*, 2010; Schein *et al.*, 2010). An example of this is the South African HIV/AIDS youth empowerment initiative from LoveLife, called MYMsta. Launched in 2008, MYMsta is a mobile social network, which enables users to ask professional counselors for advice (Cranston & Davies, 2009). By 2010, MYMsta had 55,000 registered users (Yamauchi, 2010) and although it has supported the increase in knowledge of HIV/AIDS, research has revealed that there has been limited or minimal use of the platform by the youth (Mpofu & Salawu, 2014). This raises the question – what are students’ expectations of social media platforms that carry and communicate HIV/AIDS content?

As a starting point to answer this question, the next section sets out to expand on the social approach to defining social media. The section emphasizes how social media has made use of social connections when applied for marketing purposes. Examples are cited of how it has been utilised to add value as a marketing communication tool within diverse spheres. Although not directly concerned with HIV/AIDS communication, it is believed that this could generate insights on how individuals and communities consume, share, and participate in online content. These insights could subsequently be used as analogies relevant to this study.

### **2.3 The social approach to social media marketing**

The rapidly increasing adoption of social media into the everyday life of consumers becomes apparent with its influencing effect on various aspects of consumer behaviour (Safko, 2010). It influences the way in which message recipients create awareness and acquire information to ultimately shape and form their opinions (McCarthy, 2011). Social media has the transformational ability to create, propagate and strengthen alliances (Singh & Cullinane, 2010). The latter in particular has received intensive attention in recent years, with social media being credited as one of the main enablers of communication to groups inciting political and cultural change in North Africa, the Middle East’s “Arab Spring”, as well as in New York with the “Occupy Wall Street” movement (Srinivasan, 2011).

This transformational ability of social media has highlighted the eddying effect of communicating via the medium, due to its ability to facilitate message sharing. Furthermore it emphasizes the notion that power of message creation, sharing and dissemination is migrating to the user (Kaplan & Haenlein, 2010), who also increasingly dictates the content and reach of the message (Srinivasan, 2011). This is of particular relevance in a marketing context (Constantinides & Fountain, 2008).

Drury (2008) affirms this observation by stating that social media involves the mutual exchange of perceptions and ideas in a conversational manner with consumers, and is not limited to merely the delivery of a marketing message. With little to no geographic, temporal or political boundaries (Boyd, 2007), literature suggests that social media communities are poised to redefine personal and commercial online exchanges (Correa, Hinsley & De Zúñiga, 2010; Lefebvre, 2007; Singh & Cullinane, 2010). An increase in online exchanges has led to an increase in online information sharing, which in turn has facilitated the accumulation of personal data (Kaplan & Haenlein, 2010), which is considered by some as social media's biggest value-add to the marketing fraternity (Kaplan & Haenlein, 2009). Marketers have been challenged to join the conversation by either creating experiences that users would want to share (Kaplan & Haenlein, 2010), or creating platforms that enable users to share experiences with each other (Peluchette & Karl, 2008). Lefebvre (2007) states that, as the fast-evolving social media landscape takes on an increasingly important role in consumers' digital lives, engaging with consumers in the social media space will necessitate an understanding of how, where and why these platforms are used.

In order to address this issue, the next section assesses several examples from a marketing communications perspective, which demonstrate how social media have been employed in relatively diverse areas to communicate a specific message within a specific context. These areas are:

- a. Social commerce
- b. Political marketing
- c. Crisis communication
- d. Tourism and travel
- e. Entrepreneurial deployment
- f. Public relations
- g. Healthcare

As the primary research question sets out to gauge students' perception of the role of social media in a specific communication context, this section will additionally seek to identify users' interpersonal expectations of social media in these different areas. Interpersonal expectations that emerge as important will then be posited in a health-communication and HIV/AIDS context, in order to establish its relevance for inclusion in the study.

### *2.3.1 Social commerce*

The cost of end-consumer engagement through social media is relatively low in comparison to more traditional communication tools (Kaplan & Haenlein, 2010). Previous studies have outlined the potential of harnessing the group purchasing power of social media consumers for commercial gain (Constantinides & Fountain, 2008; Kaplan & Haenlein, 2009; Kaplan & Haenlein, 2010; Mangold & Faulds, 2009; Singh & Cullinane, 2010). The most recent emergence has been the use of social networks in the context of e-commerce transactions, or more succinctly defined, social commerce.

The premise of social commerce can be relayed back to marketers harnessing the power of the group to spread the marketing message and to personalize recommendations. It is built on the principle that if a product or service comes recommended by an online "friend" or connection via social media, one would be more open to that message relating to the product or service. This is consistent with findings by Kozinets, de Valck, Wojnicki and Wilner (2010), which note that word-of-mouth marketing in an online-networked context yields much power to penetrate marketing "noise" and influence message reciprocity.

### *2.3.2 Political marketing*

Social media has also piqued the interest of political campaigners wanting to capitalize on its number of users for political campaigning (Utz, 2009). When users are engaged with an idea, it is more likely that they will share the idea with others in their online networks (Mangold & Faulds, 2009). Mangold and Faulds (2009) argue that this may come naturally for supporters of causes or political candidates. According to Luck *et al.* (2010), one of the most successful social media examples of political marketing is Barack Obama's presidential campaign in the USA, which harnessed the power of social media to form ongoing, deeper relationships with

voters.

Understanding the target market was fundamental in building the Obama brand (Luck *et al.*, 2010). To cater for the needs of a diverse group with widespread interests, the Obama brand was officially present on 15 social media platforms (Luck *et al.*, 2010), which was leveraged to direct people to the MyBarackObama.com website.

McGirt (2008) asserts that marketers can learn from this campaign's openness on how consumers interact with each another, recognizing consumers' desire for authenticity and understanding consumers' need for new global images. Authenticity, transparency and openness were thus once again flagged as important characteristics to users engaged with political marketing on social media platforms. This can be extrapolated with confidence to the marketing of other marketing messages of public importance such as health issues.

Creating a platform that would allow for interaction and enable access to causes and issues reflecting as significant can unify a diverse target audience. More than just formulating a message, marketers can thus compel social media consumers to get involved. This can be done by establishing what their interpersonal needs are and marrying that need to an appropriate social media platform, that would both facilitate a discussion and assist in providing answers to address that communication need.

### *2.3.3 Crisis communication*

Despite concerns about the legitimacy of information shared, social media has gained prominence as a community information resource for crisis communication and disaster management (Mileti, Bandy, Bourque, Johnson, Kano, Peek, Sutton & Wood, 2006; Sutton, Palen & Shklovski, 2008). Jones (2011) states that the emergence of social media has significantly changed the temporal reporting of crises, by enabling real-time updates as events unfold. Proximal context can also be established as content is increasingly being created on location-aware Smart phones, equipped with GPS functionality (Jones, 2011). This provides valuable information to track the development of a crisis situation, as people leverage their own social networks to find and provide additional information in order to make critical decisions on how to respond (Earle, Guy, Buckmaster, Ostrum, Horvath & Vaughan, 2010; Mileti *et al.*, 2006).

Exploiting social content (De Longueville, Smith & Luraschi, 2009) can additionally play an increasingly important role in formalised information sharing (Sutton *et al.*, 2008). With technological advancements such as social content mining, specific and pertinent issues, relevant to its audience, can be sought out. A key consideration, as deduced from the above, is the fundamental imperative that content must be authentic. If there is any notion of distrust in the authenticity of the information, users might not join the conversation, with disastrous effects.

#### *2.3.4 Tourism and travel*

Social media have considerably influenced the distribution of tourism-related information and the way in which people plan for and consume travel (Buhalis & Law, 2008). Xiang and Gretzel (2010) identify two particular trends in which social media have had an impact on the tourism industry:

- Firstly, social media websites represent numerous forms of consumer-generated content (Gretzel, 2006). Consumers post and share personal experiences, travel-related opinions and comments on platforms such as Facebook and Flickr – which then serve as a guideline for others. Tourists also increasingly use social media websites to describe, recreate and relive their travel experiences (Pudliner, 2007).
- Secondly, due to the vast amount of information available, searching for travel-related content has increasingly become a prominent Internet function (Xiang & Gretzel, 2010). Although social media is seen as search engine friendly (Gretzel, 2006), Xiang and Gretzel (2010) highlight that social media content pages are increasingly competing with traditional tourism and travel websites for attention.

Consumer-generated content, as chronicled on social media platforms, can thus serve as a personal record of experiences, which other consumers want to access and use as personal reference.

#### *2.3.5 Entrepreneurial deployment*

A growing number of entrepreneurs are adopting social media platforms such as YouTube and Twitter, to exploit them for the benefit of their business (Cheng & Evans, 2009; Fischer & Reuber, 2011). In addition to being a cost-effective and mass reach medium, Fischer and Reuber (2011) suggest that it can be used as a gateway to explore opportunities, as well as discover ways in which to bring these



opportunities to fruition.

Existing marketing research mostly focus on mining social media content to gauge marketplace sentiment, identify gaps in the market, or to encourage more effective marketing communications (Berinato, 2010; Trusov, Bodapati & Bucklin, 2010). Fischer and Reuber (2011) however argue that entrepreneurs could also use these platforms in their personal capacity to stimulate potential entrepreneurial outcomes with consequences for their business, as a personal approach seems less intimidating to online users who are considered one's "friends".

### *2.3.6 Public relations*

As a facilitative platform for dialogue between organisations and its audiences, social media is inherently helpful for public relations practitioners (Briones, Kuch, Liu & Jin, 2011; Eyrich, Padman & Sweetser, 2008). This is evident by the more than 700,000 active business pages on Facebook (Hird, 2010). Companies have historically been able to control their own public image and publicly available information, but are increasingly being sidelined as observers when it comes to altering publicly posted comments on social media platforms (Kaplan & Haenlein, 2010). According to Fischer and Reuber (2011) and Kaplan and Haenlein (2009), the power to control the message now resides with the consumer. Public relations practitioners thus have to be innovative in finding ways to entice and engage with audiences, as the increasing sophistication of audiences, message fatigue, and the easy access to truthful and independent comment has resulted in the demand for honest and authentic communications (Lewis, 2010).

According to a report by Universal McCann (2008), 38% of active Internet users think more positively about companies that maintain a corporate blog – making social media engagement attractive for both organisations and public relations practitioners. Waters, Tindall and Morton (2010) identified a trend coined "media catching", which entails journalists contacting public relations practitioners of organisations as a result of following said organisations' social media feeds. This stands in stark contrast to the traditional public relations practice of having to contact journalists for publicity.

### 2.3.7 Healthcare

The potential of social media to impact health-related behaviour, has received increasing attention lately (Cranston & Davies, 2009; Eysenbach, 2008; Chou *et al.*, 2009; Kreps, 2011; Moorhead *et al.*, 2013; Popović & Smith, 2010; Scanfield *et al.*, 2010). Observational studies show an abundance of informal and organized health-related communication already taking place on leading social media platforms (Schein *et al.*, 2010), while findings indicate that it provides novel opportunities to introduce and reiterate public health messaging into online conversations (Cranston & Davies, 2009; Lefebvre, 2007; McNab, 2009; Schein *et al.*, 2010). PatientsLikeMe.com is an example of a social media website where “e-patients” can share information about their symptoms, treatments and outcomes with similarly afflicted patients (McCarthy, 2011).

The participatory nature in which online users seek out and consume health-related content, is transforming the way in which people relate to healthcare information (Schiavo, 2008; Schein *et al.*, 2010; Bull, Breslin, Wright, Black, Levine & Santelli, 2011). It is predicted that interactive online medical services will increasingly become people’s first port of call for medical advice, substituting in part, more traditional support channels (Friedrich, Peterson & Koster, 2011). McCarthy (2011) states that participatory medicine, with platforms promoting interaction between “e-patients” and healthcare providers, is one of the most exciting areas of potential application for social media.

Schein *et al.* (2010) furthermore cite ancillary purposes that social media have been mobilized for in health communication, including recruitment for clinical trials, inter-professional communication and coordination, health and illness support groups, training simulations, health advocacy, and fundraising for health organisations. While research exploring the efficacy of new media technologies such as social media for health communication in general is relatively attainable (Chib *et al.*, 2010; Moorhead *et al.*, 2013; Rice *et al.*, 2010; Schiavo, 2008), studies focusing on its role in the context of HIV/AIDS communication are limited.

Cranston and Davies (2009) conducted research to assess how social networking sites affect the way in which people communicate about issues and behaviours impacting on HIV vulnerability. The research looked at Brazil, India, South Africa,

Thailand and the United Kingdom. Research findings propose that marketers of health messages should engage productively with social media networks, as the various platforms reflect the users' frame of mind as much as it represents a set of technical features: i.e. encourages self-promotion whilst also mediating the terms of privacy. The combination of the features and mindsets result in *“an identifiable culture within which traditional communication can appear clumsy, alien and forced”* (Cranston & Davies, 2009:13).

One has to thus be sensitive of the communication environment as well as how its users operate in it. Recommendations include setting strategies in place that would enable marketers to work within the communication environments without blatantly trying to manipulate it, and thus get the user to choose to engage (Cranston & Davies, 2009). However, the uptake by youth has not been verified, as this group largely gains its information from peers (Evans, 2008), celebrities (Boyd, 2007), and youth mass media (Chia & Lee, 2008; Lewis, 2010).

Based on the marketing communication examples assessed, Table 2.3 gives a summary of the examples and highlights various social media characteristics that have emerged as potentially important in a marketing communication context. These factors are defined as the interpersonal expectations that social media users have of the medium, within the various contexts, which may prove to be a valuable consideration for this study.

**Table 2.3: Identified interpersonal expectations**

<b>Marketing communication context</b>	<b>Social media characteristics</b>
Social commerce	Personalized recommendations; convenience
Political marketing	Authenticity of the message; transparency of the message; access to an opinion leader; openness of the medium
Crisis communication	Social content mining; authentic content; trust in content
Tourism and travel	Personalized recommendations
Entrepreneurial deployment	Content mining; authentic engagement
Public relations	Authentic message; control over message
Healthcare	Context; audience; authenticity of content; privacy; trust

Surveying from Table 2.3, key interpersonal expectations in the various marketing communication contexts are:

- a. Familiarity with the audience or friends that you are communicating with;
- b. The context of the communication;
- c. Control over the message that is being communicated;
- d. Authenticity and trustworthiness of the message being communicated; and
- e. Privacy with respect to the open nature of the medium.

As based on the *socially motivated approach* to social media, the literature reviewed in this section confirmed that the connection between users is significant when employing the medium for marketing communications in its varying contexts. The identified interpersonal expectations will be further explored in the chapters to follow, to attempt to establish its relevance within an HIV/AIDS communication context as well.

The following section discusses the *media approach* to social media, which defines the term based on the fact that it carries content. It also builds on the socially motivated approach's notion of "connections", by suggesting that the connections should be participative in order to play to its full strength.

## **2.4 The media approach: social media design deconstructed**

In the media approach, content gives meaning to social media interaction (Scott, 2009). Content in isolation, however, does not drive purpose and it is in participation that content gains significance (Rotman, Preece, Vieweg, Shneiderman, Yardi, Pirolli, Chi & Glaisyer, 2011).

Literature suggests that social media platforms need to enable users to engage in two main activities:

- The creation of content (Boyd, 2007; Boyd, 2008; Ellison *et al.*, 2007)
- The consumption of content that others have created (Friedrich *et al.*, 2011; Trusov *et al.*, 2010)

Broadly seen, these two activities are considered the main design criteria to which social media should thus adhere in order to fulfill user expectations. To expand on

this assumption, the following section elaborates on these two activities in order to gauge the suitability of social media's design to facilitate participative content engagement.

#### 2.4.1 *A platform to create content*

The literature asserts that social media consumers are generally active participators and not merely passive target markets (Browning *et al.*, 2011; Cranston & Davies, 2009; Lefebvre, 2011; Ledbetter, Mazer, DeGroot, Meyer, Mao & Swafford, 2011; Lewis, 2010; Waycott, Bennett, Kennedy, Dalgarno & Gray, 2010). Users create their social media presence in a specific context, according to their own personal needs and preferences (Lefebvre, 2011). It is possible that a single consumer might deliberately construct a variety of social media personas (Ledbetter *et al.*, 2011), within the context of various platforms.

Before engaging this active audience, one would thus need to understand the context in which consumers have constructed their social media presence on a specific platform. Luck *et al.* (2010) and Valenzuela, Park and Kee (2009) observe that varying objectives drive Internet-based consumer participation. The platforms are usually oriented toward different objectives, i.e.:

- a. Work-related (e.g., LinkedIn.com);
- b. Romance (e.g., Friendster.com);
- c. Connecting users with shared interests such as music (e.g., MySpace.com);
- d. Connecting a geographically-bound community such as a university student population in a network (the original intention of Facebook.com according to Ledbetter *et al.*, 2011);
- e. Grouping users' connections into meaningful communities based on interest, relationship and relevance (e.g., Google+).

Active Internet users drive social media's advancement and the adoption of applications that ultimately become dominant (Universal McCann, 2009). It is still likely that someone who doesn't use the Internet regularly will sign-up for tools such as blogging or set-up a social networking profile, because it is relatively easy to do (Roldan, 2008). Earlier theorists contended that in the context of *function*, medium consumption and level of participation influenced the way in which mass media channels are used (Rosengren & Windahl, 1972; Papacharissi & Rubin, 2000).

However, Li, Bernoff, Feffer and Pflaum (2007), argue that new technology adoption should be grouped to reflect the *level of participation*, and highlights that consumers may have different levels of participation, e.g., writing a blog will require more participation than reading a blog.

Preece and Shneiderman (2009) propose using the “Reader-to-Leader Framework” to identify users’ level of participation and contribution to online communities. The successive levels are categorized as *reading*, *contributing*, *collaborating*, and *leading* with the *leader* role being the pinnacle of participation. Only a small proportion of users fulfill this role, as *leaders* are typically motivated to improve the community by contributing and creating content (Preece & Shneiderman, 2009). Their social media consumption is spread out over a number of platforms due to their ability to communicate and synthesize ideas more efficiently and effectively than the other role players. The level of participation may thus also influence one’s perception towards the role that social media fulfills in certain contexts.

#### 2.4.2 A platform for content consumption

Social media is an “*attract and join*” space (Lefebvre, 2011), where users are actively involved in seeking out information, entertainment and connections in order to communicate (Lampe, Ellison & Steinfield, 2008; Lefebvre, 2011). As a communication medium, the success of social media is largely determined by the extent to which it enables individuals to connect through both collaborative and participative online conversation (Boyd & Ellison, 2008; Kaplan & Haenlein, 2010).

Social media have shifted the focus of communication to connections – and thus take advantage of the connection between individuals, as opposed to attempting to identify new ways to reach individuals (Lefebvre, 2007). Once the connections have been identified, marketing practitioners are challenged to design experiences that people want to share and that would draw them closer, as opposed to designing something that would be entertaining, without any long term purpose or connection (Abrams & Maibach, 2008). People are inclined to share information to which they are emotionally connected (Mangold & Faulds, 2009).

In this digital age, the singular advantage of social media is its ability to diffuse through the population regardless of age, education, race or ethnicity (Chou *et al.*, 2009), or geographic space or time (Wiid, Cant & Nell, 2013). As the youth globally disseminate personal information about their everyday lives with their network of

online followers, friends and connections (Friedrich *et al.*, 2011), relationships are based on common interests among mostly known connections. Users are not necessarily looking to connect with the intention of changing themselves (Lefebvre, 2011; Preece & Shneiderman, 2009), but rather to seek validation for who they already are and what they already feel or believe. In this context, the opinions, experiences and perspectives of online communities are therefore also increasingly important to young social media users, as they refer to these networks as reference for their own lives (Universal McCann, 2009).

The ability to communicate instantly and directly also implies a cautious responsibility on the shoulders of the information provider to ensure suitable, relevant content to its networked community (McNab, 2009). Where audiences used to be restricted to geographical parameters, the technological advances of social media have impacted on the interpretation, immediacy and reach of communication (Ledbetter *et al.*, 2011). The initial intention of a message, as well as the potential audience that has access to it, may thus be altered (Boyd, 2007). This in turn implies that there may possibly be inherent limitations to using social media for content distribution that need to be considered.

The following section discusses this shift in more detail, be focusing on the technological definition of social media centered on interactivity and content aggregation.

## **2.5 Technological approach: driving interactivity and content aggregation**

The interactive nature of social media platforms has transformed media messages from one-way communication to the facilitation of a dialogue (Lewis, 2010), with youth being among the first to adopt and use these easily accessible tools (Loretto, 2009). Cooke and Buckley (2008) assert that the interactive nature of social media has facilitated an open adaptive information system, which is outside of any one entity's control. The authors further suggest that this gives marketers a bird's eye view of the dissemination of ideas between an online community's members (Cooke & Buckley, 2008).

This aligns with Berry and Keller's (2003) assertion that select individuals, "influencers", drive trends and mass opinions. The premise of their argument is that these influencers should be the main focus of any marketing action, as they will in

turn influence everyone else in their network. Social network analysis further supports this theory and determines that by studying the dynamics of the flow of information within networks, some individuals are more dominant at spreading ideas and information (Hanneman & Riddle, 2005).

Knowing what motivates users to disseminate, share and create content, can provide marketing practitioners with a framework to better understand what motivates technology-mediated social participation (Cant, Brink & Brijball, 2006; Preece & Shneiderman, 2009). The following two sections consider the dissemination of content and media convergence, to expand on the *technology approach* in defining social media.

### *2.5.1 Dissemination of content*

Although marketing practitioners don't possess the power to control the dissemination of information through social media, the *impact* of the transmitted information on consumer behaviour should not be ignored (Mangold & Faulds, 2009). As an example, Twitter has attracted a lot of attention for the potential it provides for viral marketing due to its reach and immediacy of recipient opinion-formulation and response (Romero *et al.*, 2011). News organisations, for instance, are increasingly using Twitter for the immediate dissemination of news updates, which are then filtered and commented on by the Twitter community. The benefit to media channels is the early confirmation of what messages recipients respond to and thus which should receive priority.

Social media also magnifies the impact of consumer-to-consumer communication (Mangold & Faulds, 2009), which implies that active social media consumers will not exclusively define the scope of its influence on society. The social media tools available are intended to promote participation from a wide range of users (Roldan, 2008), across a wide range of platforms (Boyd & Ellison, 2008).

The medium's participatory nature, though, has often had unintended consequences and has - indirectly - led to the increased dissemination of non-credible and potentially erroneous information (Chou *et al.* 2009; Quintana, Feightner, Wathen, Sangster & Marshall, 2001). The current public debate is dominated by concerns over the potential role of social media in undermining the authenticity of information (Cranston & Davies, 2009). Additionally, Moorhead *et al.* (2010) argue that user-



generated content in a technologically supported social context also has its limitations – the large amount of information made available, or the unknown identity of the authors, contribute to the possibility of inaccuracies or unreliable information.

### *2.5.2 The convergence of media*

Media convergence has implications not only for the democratization of information (Constantinides & Fountain, 2008; Singh & Cullinane, 2010), but also for increased access to information (Cranston & Davies, 2009; Lefebvre, 2007). This is because information which until recently could only be accessed through one media platform, can now be accessed on any one of the many media platforms and formats available (Cranston & Davies, 2009). This could once again have implications on the accessibility of non-factual information.

Another result of the convergence of media is that it has necessitated large-scale investment from industries such as news media, music distributors and TV channels to ensure their own continued relevance (Constantinides & Fountain, 2008; Cranston & Davies, 2009; Kaplan & Haenlein, 2010), as the convergence of old and new media continue to advance and evolve. The consumption of traditional media is decreasing (Universal McCann, 2009), yet social media consumers do not necessarily abandon old patterns of media consumption altogether (Cranston & Davies, 2009). Considering this, one may assume that media convergence could infer that users are migrating from their traditional media consumption habits to include the consumption of new, and in this instance, social media as well.

From the point of view of a user, the convergence of media affects the breaking down of boundaries between separate channels of information, entertainment and communication, as well as the cost of connecting to these channels (Cranston & Davies, 2009). Cheaper and more widespread connectivity has led to users being more concerned with communicating and consuming media content, than concentrating on which technology is being used to access the content (Cranston & Davies, 2009; Friedrich *et al.*, 2011). Friedrich *et al.* (2011:4), define the increased consumption of borderless digital content as “digital information osmosis”, and state that it will only increase in years to come.

The convergence of media heightens the following aspects of technology-mediated communication:

- Persistence: electronic text can be stored indefinitely
- Replicability: others can duplicate or change created content
- Invisible audiences: the audience reading the created contents is unknown to the creator (Boyd, 2007; Greenhow, Robelia & Hughes, 2009)
- Searchability: specific names, places and events can be located, and if an incident, event or information has been uploaded onto a social networking site or social media platform, the potential audience who can view, read or comment on it whenever they want, is sizably bigger (Boyd, 2007; Greenhow *et al.*, 2009).

The diffusion and development of new media devices (such as Smart phone technology), media migrating to new delivery technologies (such as wireless technologies enabling radio on the Internet), and new communication forms (such as Blackberry Messenger) has led to the media and marketing landscape being fractured into finer market segments (Lefebvre, 2007). As consumer consumption of information increases, so will the ability of these segments to pick and choose the information that they would want to consume, and how they want to consume it (Friedrich *et al.*, 2011).

In contrast to traditional media, the diffusion of new media and Internet-enabled communication technologies will also increasingly promote the nonlinear consumption of information (Cranston & Davies, 2009; Friedrich *et al.*, 2011; Lefebvre, 2007). Users will thus, to an increasing extent, be able to randomly access, seek out and consume information at will. Cranston and Davies (2009) suggest that this presents an opportunity for marketers of HIV/AIDS and other health-related communication to increase the reach of their message, by developing collaborative partnerships to include relevant information into the storylines of both old and new media. The result is that one of the biggest challenges to marketers is to compete with all the other ideas, services and networked contents on the various social media platforms, in order to get and retain the attention of users (Romero *et al.*, 2011; Scott, 2009).

The trend toward platform convergence in social media (Schein *et al.*, 2010), is also complex and interconnected: Twitter feeds direct traffic to YouTube, Widgets enable connectivity to Facebook, and social bookmarking or aggregators transform users'

interface with the web and with mobile devices (McNab, 2009). In the process of convergence, social media content is also often edited, amplified or altered (Boyd, 2007; Lefebvre, 2011), before being passed on. The convergence of different platforms in social media is however key (Kaplan & Haenlein, 2010), as it leads to collective intelligence (Singh & Cullinane, 2010), through the integration of information as accumulated from the various platforms.

As technology-mediated communication is now an integral part of how human beings live, work and communicate (Johnston, Tanner, Lalla & Kawalski, 2011), researchers have become interested in its effects on social exchange and relationships (Williams, 2006). To examine these effects, the following section explores the constructs of social change, social capital and social influence.

## **2.6 Social media by-products**

Users are vital to the consumption and creation of content on all social media platforms (Constantinides & Fountain, 2008). The nature and strength of relationships that drive the exchange between users in a social networking context may also reveal what motivates these interactions (Centola, 2010; Ellison *et al.*, 2007; Lampe *et al.*, 2008; Ledbetter *et al.*, 2011; Waycott *et al.*, 2010). To explore this in more detail, this section examines the objective (social change), product (social capital), or target (social influence) of social interactions in an online-networked context.

### ***2.6.1 Social change as marketing communication objective***

Technology can be used to help raise awareness and to create social change (Rotman *et al.*, 2011). Social change is the product of an interactive process, involving both community dialogue and collective action to improve the welfare of a community (Figueroa, Kincaid, Rani & Lewis, 2002). Social media has transformed the pattern of communication (Chou *et al.*, 2009), and enabled users to confront various role players directly with their social, ethical or commercial responsibilities (Constantinides & Fountain, 2008).

As a platform to facilitate an exchange of social beliefs, customs and norms in any number of social networks – social media has the potential to influence, shape change, and shift behaviour (Lefebvre, 2009). Raynes-Goldie and Walker (2008) cite

examples of how social media have offered social network services to users worldwide who are interested in getting involved with pressing social issues such as poverty, global warming, AIDS and human rights action. Rotman *et al.* (2011) note that in 2009 and 2010, technology mediated social participation had been harnessed in a number of novel ways to encourage social awareness and urge social activism.

Lefebvre (2007) states that new media tools should be viewed as complementary to traditional communication activities. The author suggests that it is key to recognize the social characteristics of effective communication, which leaves one with *“a better-than-average chance of succeeding and making new friends and allies in your quest to achieve social change.”* (Lefebvre, 2007:33). It stands to argue that the social characteristics of social media may influence social change, and in the context of this study, lead students to engage in knowledge-building information relating to HIV/AIDS.

#### *2.6.2 Social capital as the product of communication*

Social capital, in an online context, can be defined as the social equivalent of financial capital – where social contributions – instead of money provide the glue that holds people together (Preece & Shneiderman, 2009). The core idea of social capital, according to Putnam (2004) and Valenzuela *et al.* (2009), is simple: social capital consists of the resources that are available to people through their social interactions, and is often the accumulative result of daily interactions with friends, co-workers and strangers. Social capital can also be the result of conscious investments in social interaction (Resnick, 2002).

Increasing social capital in a community can be attributed to good deeds such as pledging time and skills, or being engaged in civil society (Preece & Shneiderman, 2009), and heightened interpersonal trust (Putnam, 1995). It is perceived that when the social capital in a community is low there is greater social disorder and absence of trust among participants in that community (Helliwell & Putnam, 2004; Johnston *et al.*, 2011). In contrast to low social capital, greater social capital has a more positive effect with regards to interaction, due to a general commitment towards collective action (Ellison *et al.*, 2007). Likewise, higher social capital has led to better recollection of health information and Abroms and Maibach (2008) further assert that

social capital could also play a positive role in influencing health-related mass media interventions.

In a recent study among university students in South Africa, results indicate that the intensity of Facebook use plays a significant role in both the creation as well as the maintenance of social capital in the South African context (Johnston *et al.*, 2011). One should however take into account that various social media platforms are employed for different purposes (Hargittai, 2007), thus a specific site's usage should not be aggregate to the whole (Valenzuela *et al.*, 2009). One could thus propose further that the greater the social capital in a socially networked community, the more positively the community's perception toward communications that could increase knowledge of a disease.

### 2.6.3 Targeting social influence

Social networks, whether online or offline, possess the capability to create social influence regarding information about behaviours or attitudes between members of a community (Kumar, Anagnostopoulos & Mahdian, 2008). Moreover, social influence and its relationship to opinions and structure in social media, has also provided unique opportunities to study the evolution of human social interaction (Wang & Lin, 2011; Java, 2007; Dholokia, Bagozzi & Pearo, 2004). Social influence has been the subject of more than 70 marketing studies over the past 50 years, dating back to the early 1960's. Phelps, Lewis, Mobilio, Perry and Raman (2004) maintain that overall, scholarly research on social and communication networks, opinion leadership, source credibility and diffusion of innovations, has long demonstrated that consumers influence other consumers.

Defined as “*any change which a person's relations with other people (individuals, groups, institutions or society) produce on his intellectual activities, emotions or action*” (Abrams & Hogg, 1990:195), the term social influence expounds the influence that an individual can exert over the attitude or behaviour of others, and vice versa (Zeal, Smith & Scheepers, 2010). Trusov *et al.* (2010) suggest that in order to identify users whose behaviour will have the most significant impact on the behaviour of others in a social network, one has to consider both susceptibility and extent of influence within the network. Findings indicate that social influence in an online community creates an opportunity to actively engage, collaborate with, and advance

relationships (Dholakia *et al.*, 2004). This is similar to that which, according to studies in sociology, is experienced offline (Trusov *et al.*, 2010).

However, consuming and contributing content in a social media domain does not necessarily imply social influence on behaviour (Trusov *et al.*, 2010). As reported by Romero *et al.* (2011), there exists a weak correlation between popularity and social influence. According to Leenders (2002), social influence occurs when a person adapts his or her beliefs, attitudes or behaviour to the beliefs, attitudes or behaviour of others in their social system. Factors such as novelty, quality and frequency of content, as well as the degree, to which messages resonate with followers determine social influence (Romero *et al.*, 2011). The relationship between the members in a network is thus key to possessing influence (Mpofu & Salawu, 2014), as individuals regard relevant online groups as a frame of reference for self-identification and self-comparison (Perner, 2008).

From a marketing perspective, Bagozzi and Dholakia (2002) identify two key social influence variables that impact online community participation:

- Group norms, which impact on group referencing (Dholakia *et al.*, 2004; Kaplan & Haenlein, 2010);
- Social identity, which impacts online self-disclosure and online social connection (Ledbetter, 2009).

Social influence is considered a significant predictor of the richness of perceptions, inherent within a communication channel (D'Urso & Rains, 2008). The antecedents of social influence provide guidance on how technology-mediated communication platforms can be made useful to their participants (Dholakia *et al.*, 2004), as members of online groups and communities assert influence over the attitudes and choices of other members in their network (Dholakia *et al.*, 2004). Members are thus meticulous and intentional in how they portray themselves (Crutzen & Göntz, 2010; Okazaki, 2009), in order to create a favourable impression.

Two significant determinants of social influence, namely *referencing based on group norms*, and *self-presentation* in the form of online self-disclosure and social identity, are assessed in more detail.

### *a. Group referencing*

Group referencing allows the members of the group to align themselves with the greater beliefs, norms and associations that the group represents (Dholakia *et al.*, 2004). Perner (2008) distinguishes between three distinct reference groups, which have been adapted to a social media and community context for the purpose of accentuating its relevance:

- Aspirational reference: these are the trendsetters who closely watch for new gadgets and applications and quickly incorporate them into their lives (Tapscott, 2008). This group is highly likely to be swayed by changing trends and are both highly influential and influenced by friends. Aspirational referencing contributes to forming one's own social identity, by self-presentation within a group (Dholakia *et al.*, 2004; Trusov *et al.*, 2010).
- Associative reference: shared norms contribute to associative group referencing (Dholakia *et al.*, 2004). New community members can either actively seek out the group's norms and join, based on commonalities with one's own perspective, or slowly come to discover the norms through socializing and repeated participation over a period of time.
- Dissociative reference: in a group context, dissociative referencing refers to the opposite of associative referencing and indicates the intentional distancing of oneself with the norms and beliefs of a community or group by not joining it (Perner, 2008).

Communities and groups consist of individuals who make a decision to either join or distance themselves from a group. Cranston and Davies (2010) contend that although it is important that members belonging to social media communities adhere to group norms, the development of an individual's social identity is also important. Addressing social influence in a group context thus necessitates that the individual's self-presentation and accompanying self-disclosure should also be assessed.

### *b. Self-presentation*

Online self-presentation involves creating an image that is either consistent with one's personal identity (e.g., thoughts, feelings, likes, dislikes) or consistent with the image one would like to create (Kaplan & Haenlein, 2010). Self-presentation allows an individual to create and control one's self-representation to others (Trusov *et al.*, 2010) and it mostly has the objective of influencing others to gain a reward (Kaplan & Haenlein, 2010), or social capital (Ellison *et al.*, 2007).

Self-presentation orientations that influence the use of media are online *self-disclosure* and *attitude* toward online social connection (Ledbetter, 2009). These two orientations specifically speak to an individual's attitude toward the medium of communication, which subsequently influences both the formation and interpretation of messages online (Ledbetter *et al.*, 2011). Online self-disclosure and online social connection are both regarded as *core* social media behaviours (Ellison *et al.*, 2007; Mazer, Murphy & Simonds, 2007) and can be defined as follows:

- Online self-disclosure is the posting of personal information and messages (such as relationship status, photos and interests) to communicate with friends and family (Mazer *et al.*, 2007). It may also be provided by others who are connected to the user, by means of comments on status update messages, photo tagging or retweets (Walther, Van der Heide, Kim, Westerman & Tong, 2008).
- Online social connections refer to the number of articulated listed users with which an individual shares an online connection (Boyd & Ellison, 2007). These various social connections can further be clustered into sub-groups of social ties, based on various factors such as relational closeness or proximal closeness (Spitzberg, 2006).

Quan-Haase (2007) argues that the maintenance of social ties impact on the various integrated modes of communication that students use in order to fulfill their communication needs. This is supported by Cummings, Lee and Kraut (2006), who assert that integrating various modes of communication is of particular importance to students, who may want to maintain contact with long distance social ties such as relatives and pre-university friends, while simultaneously staying connected to local social ties such as friends on-campus.



Previous research suggests that heightened *online self-disclosure* may be a result of lack of social competence and poor social skills (Ledbetter *et al.*, 2011). As assessed from the literature, *online social connection* on the other hand is associated with positive relational outcomes (Quan-Haase, 2007; Ledbetter *et al.*, 2011).

According to Valkenburg and Peter (2008), motivated online self-disclosure may yield positive relational outcomes, as users may prefer a greater extent of control over communication behaviour, than an online context offers. Empirical evidence demonstrates strengthened connections for both local and long distant social ties through social media platform use, especially social networking sites such as Facebook (Ellison *et al.*, 2007; Johnston *et al.*, 2011; Ledbetter, 2009). Furthermore, Ledbetter (2009) suggests that personal psychological factors such as *attitude* and *perception* may influence user's attraction to technology-mediated communication platforms to develop social connections within various communication and social contexts.

With the increase of social media users, marketing practitioners are increasingly devoting their efforts to utilise its various applications to gain user-attention on their ideas, products and services (Constantinides & Fountain, 2008; Evans *et al.*, 2008; Pagani *et al.*, 2011). When vying for attention, marketers are however contending with other user-generated contents, competitors and other forms of media (Kozinets, *et al.*, 2010; Romero *et al.*, 2011). To compete for attention and maximize exposure, there has been a natural shift toward integrating social media with mainstream media – which has proven to be mutually beneficial (Hampp, 2009). This coordinated communication effort has paved the way for including social media in integrated marketing communications strategies. Marketing messages for mainstream- and social media are not developed in isolation but coalesced (Luck *et al.*, 2010) to promote the creative convergence of old and new communication approaches for maximum effectiveness (Ihator, 2001). There is, however, a build-up of resistance toward messages received from multiple sources, even if the messages originate from trusted reference groups or peers (Lunceford, 2009). In addition, there is evidence of fragmentation among social media platforms themselves (Juris, 2012); with the increasing popularity of Facebook among individuals over the age of 50, thus potentially losing its relevance to the youth user group.

In integrated marketing communication though, the emphasis is on communication – and social media is not viewed as an addendum, but integrated into all elements of

communication, to optimally play to its strengths (Li & Bernoff, 2008; Luck *et al.*, 2010). The next section will briefly survey its incorporation into integrated marketing communications and highlight key elements and commonalities that are pertinent to this study.

## **2.7 Social media as an element of integrated marketing communications**

Integrated marketing communications (IMC) synthesize the various components of the communication mix so that one marketing communication channel's strengths are used to offset the weaknesses of the others (Danahar & Rossiter, 2011). Starting with the consumer, IMC focuses on using the most appropriate and effective combination of channels to build relationships with consumers (Kitchen, Brignell, Li & Spickett-Jones, 2004). The synergy among the different communication channels should represent the strongest possible unified position (Kitchen & Schultz, 1999), in order to deliver a message with maximum impact (Schultz, 1993).

To be perceived as approachable for collaborative interaction, consumers expect marketing communication to be transparent (Chisholm, 2009) – an attribute intrinsic to the nature of social media (Luck *et al.*, 2010). Consumers have also developed a low tolerance for listening to traditional marketing messages and want to be involved in the conversation (Hartman, 2008; Luck *et al.*, 2010). Social media have enabled consumers to have frequent and open conversations with each other (Constantinides & Fountain, 2008; DeAndrea, Ellison, LaRose, Steinfeld & Fiore, 2012), by combining characteristics of traditional IMC approaches (marketers talking to consumers), with a magnified form of word-of-mouth (consumers talking to one another) (Mangold & Faulds, 2009).

The power to control the marketing communications around a brand, product or service, is squarely in the hands of consumers (Luck *et al.*, 2010). Online word-of-mouth forums, bolstered by social media, play a considerable part in influencing consumer behaviour and many consumers regard social media as a trustworthy source of information (Constantinides *et al.*, 2008). The inclusion of social media applications into IMC strategies has thus been a spontaneous progression (Schein *et al.*, 2010). Parallel to IMC, social media attempts to practically combine, integrate and synergise various communication elements, to manage marketing communication in a holistic manner for the consumer's benefit (Luck *et al.*, 2010).

Characteristics fundamental to social media make it potentially well suited for

integration into IMC approaches. These characteristics are reviewed in more detail to assess the implications when integrated with IMC.

- **Personalization:** With consumer individualism rising (Constantinides *et al.*, 2008; Constantinides & Fountain, 2008), social media allows for personalization of the message-to-consumer. Personalization in turn empowers the consumer, by tailoring communication based on the consumer's preferences, interests and needs (Luck *et al.*, 2010). It can also lead to marketing collaboration based on personal experiences, as social media provides a collaborative model for interaction (Constantinides & Fountain, 2008; Montgomery, 2009; Schein *et al.*, 2010). In the potentially sensitive and stigmatized context of HIV/AIDS, personalization and the filtering options available could however have the adverse effect of users steering clear and only visiting sites that correspond to their interests and opinions (Utz, 2009).
- **Simultaneous media exposure:** Multi-tasking with multiple media has become the norm (Luck & Mathews, 2009). Simultaneous media exposure introduces a change in consumer media consumption patterns, with social media allowing consumers the flexibility, mobility and freedom to interact with multiple media concomitantly (Kaplan & Haenlein, 2009). Social media becomes complementary to consumer's existing media usage habits. Conversely, consumers can also become desensitized due to overexposure (DeAndrea *et al.*, 2012).
- **Interactivity:** Social media facilitates interactive, two-way communication and feedback (Kweon, Cho & Kim, 2008) between marketer and consumer, as well as consumer and consumer (Luck *et al.*, 2010). The success of the interaction is however determined by the marketer's reactivity to consumer feedback. According to Utz (2009), non-responsiveness could be perceived negatively and ultimately hinder communication.
- **Openness:** With information 'democratized', consumers have come to expect communication to be transparent, always available and authentic (Constantinides *et al.*, 2008). As users share personal detail via their social media profiles, valuable consumer information becomes more accessible, which in turn assists marketers in the design of marketing messages,

targeted at specific audiences. This open flow of information can however be abused, and it is difficult to undo one's actions on social media (McCarthy, 2011). The publishing of personal detail, or negative consumer feedback, could have a lasting ripple effect (McCarthy, 2011).

## **2.8 Conclusion**

In drawing conclusions from the reviewed literature, an all-encompassing definition for social media is still elusive, but it can be accepted that the term may be defined based on three approaches, namely social, media and technology approaches. The social approach puts emphasis on the connection between various members in an online network. Various interpersonal expectations were identified through surveying the social approach to social media, which will be reviewed in the context of HIV/AIDS communication for empirical testing.

The media approach focuses on the creation and consumption of social media content, which forms the basis of social media's design utilities. The media approach also builds on the social approaches' notion of connections, by accentuating the participative relationship between connections. The identified design utilities are significant in terms of reaching the research objectives of exploring the relationship between the interpersonal expectations and design utilities of social media. In addition, the chapter confirmed that a growing number of consumers are currently using social media to facilitate instantaneous conversations, share ideas, and disseminate information to individuals or like-minded communities. This widespread dissemination of information is heralding a shift in how consumers are engaging with media, with consumers increasingly pulling media instead of media being pushed at them.

From a marketing perspective, it is necessary that marketing practitioners understand the context of the platform, as well as the needs and preferences of the audience before participating, or engaging in conversation. With organisations and marketers no longer being the sole custodians of the marketing message, marketing practitioners using social media, could focus on connecting individuals with each other through experiences that they would want to share rather than pushing their marketing agenda.

The convergence of old with new media has had an amplifying impact on marketing communication strategies and has resulted in audiences being able to participate in the conversation in a nonlinear fashion – whenever, wherever, whichever way they see fit. Key motivators that encourage interaction include social change – identified as the objective, social capital – identified as the product, and social influence – identified as the target of the interaction.

Within the current reality of consumers seeking personal, meaningful connections, while interacting with multiple media platforms on a daily basis, social media fulfill a role as an extension of one's persona online. Incorporating social media with IMC approaches to broaden reach and ensure relevance seems like a natural progression. Consumers have a greater choice of media, content and its delivery, which means that media has to work harder at being more flexible, mobile and interactive (Luck *et al.*, 2010).

Having reviewed the nature, role and importance of social media within a general context, the next chapter will assess social media's application as a communication channel for health communication, and more specifically HIV/AIDS communication. Examining the participatory nature of social media, this chapter will also refer to the perceived benefits and limitations of using social media as a channel for HIV/AIDS communication.

## CHAPTER THREE: USING SOCIAL MEDIA FOR HIV/AIDS COMMUNICATION

### 3.1 Introduction

Access to timely and credible health information is key to ameliorate public health (Rimal & Lapinski, 2009) – whether through assisting the public to take action or in the prevention of poor health. As Internet access and usage increase, consumers wish to take full advantage of its potential and the opportunities that new Internet technologies present to health communication (Eysenbach, 2001; Schiavo, 2008).

According to Mpofu and Salawu (2014) the Internet is one of the most widely used resources for health information, with 72 % of Internet users indicating that they have searched for health information online in 2012 alone (Fox & Duggan, 2013). According to Quintana *et al.* (2001) there is a need for strategies that can communicate and disseminate credible health information in a form that consumers can use and understand. Many studies have focused on the Internet as a communication channel to narrowcast and tailor messages within health communication (Bennet & Glasgow, 2009; Bull *et al.*, 2010; Cranston & Davies, 2009; Noar & Kennedy, 2009; Schein *et al.*, 2010; Schiavo, 2008). With mass media often concerned with reaching general audiences, the Internet, as a communication medium, has enabled the delivery of interactive and multimedia health-related content to specifically defined groups (Cassell, Jackson & Cheuvront, 1998; Noar & Kennedy, 2009; Rimal & Adkins, 2003).

The emergence of technology-mediated communication platforms, such as social media, have been instrumental in the change of thinking as they offer the possibility of disseminating tailored health communication messages to very closely defined groups (Chou *et al.*, 2009). However, the impact of social media in the context of HIV/AIDS specific communication, and the subsequent challenges for communication strategy development, appear still relatively unexplored. As the relationship between business and technology for health is rapidly developing, Venkateswaran (2011) argues that social media's utility for health communication is becoming more evident.

The strategic deployment of social media (Brodalski, Brink, Curtis, Diaz, Schindelar, Shannon & Wolfson, 2011), combined with increased Internet and mobile communication access (Buysschaert, 2009), should enable more people to instantly

and directly access public health (McNab, 2009), and HIV/AIDS information (Noar, Palmgreen, Chabot, Dobransky & Zimmerman, 2009). Further, essential to effective health communication in a technology-mediated context, are elements such as:

- Access (Fox & Jones, 2009; Fox, 2011)
- Privacy (Fogel & Nehmad, 2009; Schiavo, 2008)
- Audience-specific factors (Smith, 2011)

These elements, among others, are essential to the creation of the required feeling of connectedness among users, and, by their presence – or absence – may effect the perception and use of these health communication efforts (Schiavo, 2008). To accentuate students' perception of the medium used in HIV/AIDS communication for this research, these and other factors will be reviewed to assess whether it contributes to, or hinders effective communication.

According to Maibach, Kreps and Bonaguro (1993:31-32), effective HIV/AIDS prevention campaigns *“...must begin with careful campaign planning in which campaign goals are determined, the target audience's specific needs and orientations are examined, and the target audience is segmented into homogeneous groups. The communication strategy should be carefully analyzed to identify accessible and effective communication channels, design campaign messages, and test these messages for use with target audiences... Finally, campaign outcomes must be carefully evaluated so that the influences of the campaign on health behaviours and directions of future risk prevention and health communication efforts can be identified.”*

The previous chapter assessed the characteristics that enable social media to connect consumers to each other, and its ability to facilitate the dissemination of information. This chapter aims to identify which attributes of social media contribute to the medium being perceived as either beneficial or limiting when utilised as a medium for communicating HIV/AIDS-information to online audiences and groups. In order to better understand the role of social media in HIV/AIDS communication, the chapter firstly assesses social media's application as a communication medium for general health information. This is done due to the fact that research analysing the deployment of social media for health purposes as a broad-ranging term, is more prevalent than for HIV/AIDS communication specifically.

### 3.2 Technology-mediated health communication

A growing body of research has outlined the capability of technology-mediated tools to market health, of which Table 3.2 summarizes some of the approaches and findings found in literature. A number of studies furthermore also examined the efficacy of Internet-enabled technologies when employed as public health communication tools (Schiavo, 2008; Rice *et al.*, 2010; Chib *et al.*, 2010).

The findings in Table 3.2 point to the fact that Internet-enabled technology is increasingly being employed for health communication, by using its functionality for disseminating health information and gaining exposure for health-related issues. According to Eysenbach (2003), consumers can employ Internet-enabled technologies for four various functions:

- *Content*, e.g., seeking information
- *Community*, e.g., social networking sites
- *Communication*, e.g., e-mail
- *Commerce*, e.g., buying and selling products or services by means of the Internet.

Based on this classification, the reviewed literature indicates that the most commonly reported function in health communication has been:

- *Content: searching for health information on the Internet* (Atkinson, Saperstein & Pleis, 2009; Bull *et al.*, 2010; Cugelman, 2010; Smith, 2011), and
- *Community: building or maintaining communities with similar values and interests, whose members feel connected to each other* (Bull *et al.*, 2010; McNab, 2009; Schiavo, 2008).



**Table 3.2 Technology-mediated health communication approaches**

<b>Literature</b>	<b>Approaches and findings</b>
Bennett & Glasgow, 2009	Examined the effectiveness of Internet interventions, especially its dissemination potential. Findings indicate that tailored messaging and social networking functionality may increase the uptake of Internet intervention content. Closing gaps in design and integrating Web 2.0 functionality was highlighted for its potential to contribute to dissemination of information.
Brouwer, Oenema, Crutzen, de Nooijer, de Vries & Brug, 2009	Qualitative study to explore adults' motivation to visit and use Internet-delivered behaviour change interventions. Findings indicate that motivating factors include curiosity about the content, updated content and possibility to monitor behaviour change online.
Crutzen, de Nooijer, Brouwer, Oenema, Brug & de Vries, 2011	Reviewed methods and strategies for Internet-delivered health behaviour change interventions aimed at adolescents or young adults. Patterns of effective strategies pointed to tailored communication, the use of reminders, and incentives.
Crutzen, de Nooijer, Brouwer, Oenema, Brug & de Vries, 2008	Study on dissemination and exposure of Internet-delivered interventions aimed at adolescents. Factors regarded as important were word-of-mouth recommendation, the interface of the intervention, and the utilization of all the features provided by the Internet.
Ritterband, Thorndike, Cox, Kovatchev & Gonder-Frederick, 2009	Developed a behaviour change model for Internet Interventions.
Webb, Joseph, Yardley & Michie, 2010	Review of the Internet as a medium for interventions to promote health behaviour change, in order to identify intervention characteristics and the accompanying effectiveness. Findings showed that the effectiveness of the Internet-mediated interventions was enhanced when additional communication methods, such as mobile phone text messages, were used.

As health-information Internet users seemingly regard content and community as the most pertinent applications for health-related communication, marketers wanting to develop communication strategies, should therefore center their attention on these applications. In the context of this study, these two applications are regarded as the relevant social media utilities. Using social media for information seeking (content) or using social media to interact (community), are further explored.

At the outset, it is critical to understand how people use the Internet for health-related activities (Chou *et al.*, 2009). This could assist health communication marketers to design communication strategies that would be in keeping with usage patterns (Atkinson *et al.*, 2009), which may attract and retain users and improve knowledge.

Effective public health marketing communication campaigns consist of well-designed messages, which are effectively delivered in reach and frequency, to be seen or heard and remembered by the intended audience, in order for them to act on them (Abroms & Maibach, 2008; Noar, 2006; Randolph & Viswanath, 2004). This is very similar to, if not the same as, the common mantra of commercial marketing. Schiavo (2008) proposes that it is important that online health communication interventions rely on evidence-based and audience-centered health communication strategies, which can be maximized when used as part of an integrated communication approach.

Bennett and Glasgow (2009) however argue that the impact of online health communication efforts could be magnified if aligned with fast evolving developments found in the marketplace. Cited examples are news aggregation and social tagging sites, Digg and Del.icio.us, which allow end-users to actively collaborate and share information that they find important to them.

Another example is Google Health, which was launched in 2008 in an effort to translate the success of Google's other consumer-centered approaches to the healthcare domain. Google Health was built on the idea that with more and better information, people would be empowered to make better health choices (Eysenbach, 2008). The Google Health service has since been discontinued, due to a lack of broad consumer adoption and persisting consumer concern around privacy and safety monitoring (Weitzman, Kaci & Mandl, 2010). This once again raises questions around specifically privacy and also speaks to consumer readiness to assume

responsibility for their health decisions, and to utilise online opportunities to moderate their own health.

Although many regard the Internet as a ubiquitous source of health information (Bennett & Glasgow, 2009), the majority of online health-information seekers do not consistently validate the information that they discover (Eysenbach & Köhler, 2002; Fox & Jones, 2009). This is despite the fact that Internet-based health information is of inconsistent quality (Eysenbach, Powell, Kuss & Sa, 2002; Quintana *et al.*, 2001).

To address the concern around potentially conflicting or unreliable health information in an online marketing communications context, the "e-health" concept materialized (Eysenbach, 2001). The following section briefly expands on the definition and theory behind e-health.

### *3.2.1 E-health explained*

E-health emerged as a buzzword in the late 1990's (Schiavo, 2008), in an attempt to outline the combined use of electronic communication and information technology for public health. Marketers allegedly first used the word in an effort to communicate the possibilities of e-commerce in the healthcare sector (Eysenbach, 2001). Dynamic in nature, a fixed definition of the term seems elusive (Khotu & Cabuko, 2006), with the commonly accepted description being "*a field in the intersection of medical informatics, public health and business, referring to health services and information delivered or enhanced through the Internet and related technologies*" (Eysenbach, 2001:20).

The main objective of e-health is to improve the health of people through the optimal use of information and communication technology. The combined utilization of technology-mediated platforms with health, can generate, capture, transmit, store, and retrieve digital data for various purposes (Khotu & Cabuko, 2006). In examining the prevalence and predictors of participation in e-health activities, Atkinson *et al.*, (2009) found that 58% of Internet users reported personally searching for health information and that women are more likely to engage in online health-related activities.

### 3.2.2 E-health trends

Apart from the technical definition, e-health additionally characterizes a networked way of thinking and a commitment toward improving public health by using information and communication technology (Eysenbach, 2001). As per Eysenbach (2001), the possibilities include:

- Consumers having the power to interact with organizations online (B2C – “business-to-consumer”)
- Improved capabilities to inter-communicate data between organizations (B2B – “business-to-business”)
- Improved capabilities for peer-to-peer communication between consumers (C2C – “consumer-to-consumer”)

An example of a local e-health initiative is Cell Life, which is a cell phone and Internet innovation, developed as a telematic solution to monitor HIV patient adherence to antiretroviral medication (Mars, 2008). Table 3.2 provides an overview of a number of recurring e-health trends and appraises the profile of user that would make use of technology-mediated health communication, and how.

**Table 3.2.1: E-health trends**

Literature	Trend
	<b>Mobile access and content</b>
Bennett & Glasgow, 2009; Brodalski <i>et al.</i> , 2011; Fox & Jones, 2009; Fox, 2011; McNab, 2009; Mikalajunaite, 2010	To address the digital divide, access to credible health information is being made available through mobile devices (Bennett & Glasgow, 2009), with multiple mobile health (mHealth) projects being piloted (McNab, 2009). Mobile access is on the rise and creates a continual exchange of information, which reinforces collaborative behaviour (Fox & Jones, 2009; Fox, 2011). Advantages to using mobile technology for e-health communication, is that it is portable, personal and affordable (Brodalski <i>et al.</i> , 2011). There is estimated to be more than four billion mobile phone subscribers globally, with the fastest growth rate occurring on the African continent (International Telecommunication Union, 2010). An estimated 500

	million people worldwide are expected to be using mobile healthcare applications by 2015 (Mikalajunaite, 2010).
Cranston & Davies, 2009; Fox & Jones, 2009; Fox, 2011	<p><b>Younger users</b></p> <p>Globally, where there is access to relatively cheap, reliable and fast Internet and other technology-mediated communication platforms, social media plays a central role in communication to the youth between the ages of 15 to 25 (Cranston &amp; Davies, 2009). According to Fox and Jones (2009), adults between the ages of 18 to 49 are more likely to participate in social technologies related to health, while younger adults between the ages of 15 to 25 are most likely to share and seek health advice via platforms that they are used for gathering and sharing information in other contexts of their lives. In the United States of America (US), 28% of young adults between the ages of 18 to 29 use health-related applications on their mobile phones, in comparison to 16% of users aged 30 to 49 (Fox, 2011). Although current research regarding online health access for the corresponding segments in South African is lacking, available statistics postulate that 31% of all Internet consumers in South Africa are between the ages of 18 to 29, of which 36% have a degree (Donner, Gitau &amp; Marsden, 2011).</p>
Eysenbach, 2001; Ferguson & Frydman, 2004; Ferguson, 2007; Mikalajunaite, 2010;	<p><b>Health applications aimed at consumers</b></p> <p>E-health opens up the knowledge base of health information and medicine to consumers and their networked community (Eysenbach, 2001). Health services are extended beyond the conventional boundaries – both geographic and conceptual – as consumers are now able to obtain health services through technology-mediated online applications, from providers across the globe. E-patients, or individuals who are equipped, enabled, empowered and engaged in their health and health care decisions (Ferguson &amp;</p>

	<p>Frydman, 2004), are increasing in numbers and expect a health consumer experience similar to what would be offered to them in the commercial realm (Ferguson, 2007). By November 2010, an estimated 17,000 health applications were available in major application stores, with 57% of these health applications aimed at everyday consumers (Mikalajunaite, 2010).</p>
<p>Brodalski <i>et al.</i>, 2011; Chib <i>et al.</i>, 2010; Cranston &amp; Davies, 2009; Fox &amp; Jones, 2009; Fox, 2011; Schein <i>et al.</i>, 2010 Schiavo, 2008;</p>	<p><b>Leveraged health networks</b></p> <p>In the context of healthcare, technology-mediated communications have not only provided a platform for private-forum discussions on sensitive matters, but also the opportunity for e-patients to connect, network and learn from others who share similar health issues (Schiavo, 2008). Advice from peers, gathered online, is a significant source for health information in developed countries such as Canada, the US and Singapore (Brodalski <i>et al.</i> 2011; Chib <i>et al.</i>, 2010; Schein <i>et al.</i>, 2010), as well as developing countries such as South Africa and Brazil (Cranston &amp; Davies, 2009). One of the main driving forces behind online health conversations is <i>“the increased desire and activity, especially among people living with chronic conditions, to connect with each other”</i> (Fox, 2011). Consumers using the Internet for health-related information, use both their online and offline social networks to connect with traditional health care sources, such as health professionals, friends and family (Fox &amp; Jones, 2009).</p>

Concluding from Table 3.2.1, the identified emerging e-health trends may contribute to healthcare through social media, by:

- Increasing access to healthcare
- Fostering a discussion on technology and business in the healthcare realm
- Serving as a junction to facilitate feedback between consumers and business for the improvement of healthcare
- Assisting healthcare facilities such as hospitals, to extend their reach by means of technology

The following section is a review of research and literature focusing on the employment of social media for health communication.

### 3.3 Using social media for health communication

A notable amount of research has outlined the potential application of social media as a social marketing tool for health communication (Chou *et al.*, 2009; Hall, Hanson, Thackeray & West, 2010; Scanfield *et al.*, 2010; Schein *et al.*, 2010; Vance & Dellavalle, 2009). Table 3.3 gives a summary of the various contributions of these studies.

**Table 3.3: Social media as social marketing tool for health communication**

Literature	Contribution
Chou et al., 2009	Predictors of health group support participation include younger age, poorer subjective health, and a personal health issue or experience.
Hall, Hanson, Thackeray & West, 2010	Development of an instructional design course for students, using social networking site Facebook, to facilitate individual health behavioural change.
Scanfield et al., 2010	Development of models in the field of infodemiology – information and communication patterns mapped out to show how users seek out health information using social media.
Schein et al., 2010	Literature review on the effectiveness of the use of social media for public health communication indicated that social media platforms might improve the reach and promotion of health campaign messages.
Vance & Dellavalle, 2009	Participatory nature of social media has the potential to reshape access and consumption of medical information for ordinary users.

The main assertion of the reviewed literature is that the participatory nature of social media is fast transforming the way in which consumers relate to, seek out, and

consume health related information (Schiavo, 2008; Schein *et al.*, 2010; Bull *et al.*, 2010). Having progressively been employed for the dissemination of health messages in recent years (Brodalski *et al.*, 2011; Chou *et al.*, 2009), Cranston and Davies (2009) are of the view that social media have been shown to encourage engagement, expand reach, and facilitate access to credible health information. Although users increasingly acknowledge gathering and sharing health information via social media platforms, they also concede being cautious when doing so (Fox & Jones, 2009), admitting that its application as a source for health information also has potential pitfalls (Schein *et al.*, 2010), which should not be ignored.

Key contributions from the literature summarized in Table 3.3 reveal that social media users are seeking out and consuming health information using social media. Observational studies show an abundance of informal and organized health-related communication already taking place on leading social media platforms (Schein *et al.*, 2010). Furthermore, the potential of social media to impact health behaviour through improved knowledge, resulting from access to information, has itself received increasing attention lately (Cranston & Davies, 2009; Eysenbach, 2008; Chou *et al.*, 2009; Kreps, 2011; Popović & Smith, 2010). The majority of current research is focused on how businesses can utilize social media to attract new consumers, mostly for commercial gain (McNab, 2009; Vance & Dellavalle, 2009).

Gauging from the reviewed literature, there is a need for research focusing on how social media can be used to disseminate health-specific information to various audiences (Latkin & Knowlton, 2008; McNab, 2009; Preece & Shneiderman, 2009). As in most modern marketing strategies, when employing social media as part of an integrated health-specific marketing communications strategy, marketers should seek to progress from purely disseminating health-related information, to engaging with the target audience. The communication should aim to facilitate community participation, motivate the acceptance of new healthy behaviour, and create a platform where users can share personal experiences (Brodalski *et al.*, 2011). Audiences demand active participation and co-created content that is rated, ranked and commented on, is perceived as heightening the authenticity and trust in the communication (Brodalski *et al.*, 2011; Schein *et al.*, 2010).

Areas in which social media may bear potential as part of an integrated marketing health communications strategy are three-fold:



- Interconnectivity and increased perceived social support among individuals through Internet-enabled social networks (Chou *et al.*, 2009)
- More consumer-centered information sharing with the increase of user-generated content (Chou *et al.*, 2009)
- An enhanced healthcare experience by empowering consumers to create, connect and communicate optimally at their own convenience (Krowchuk, Lane & Twaddell, 2010)

Marketers could add value to the conversation by correcting misinformation, providing critical feedback, or offering personal experience (McNab, 2009). Further, social media can assist marketers of health-related messages to reach people when, where and how they prefer to receive the communication (Brodalski *et al.*, 2011). As indicated in the above discussion, the social context of seeking out information relating to an individual's own personal health or the health of those in one's personal network, respective audiences demand active participation and sharing of information (Hof, 2006). More than the message itself, engaging users to co-create content, to rate, rank and comment on communications, is perceived as heightening the authenticity of messages, improving trust in, and building users' relationships with an entity (Brodalski *et al.*, 2011; Schein *et al.*, 2010).

An addition, by tapping into personal networks and presenting information in multiple formats, public health organisations appear currently to mainly be utilising social media as a communication tool in two ways:

- As a convergence tool and broadcasting platform to amplify traditional media sources, e.g., radio, television, print media (Schein *et al.*, 2010; Schiavo, 2008).
- As a new platform to collaborate and co-create content with participative target audiences, e.g., user-generated content and feedback where the users rate, rank and comment on communications (Brouwer *et al.*, 2009; Bull *et al.*, 2010; Cranston & Davies, 2009; Lefebvre, 2007; Preece & Shneiderman, 2009; Rice *et al.*, 2010; Schein *et al.*, 2010).

Fox and Jones (2009) report that 60% of e-patients in the US have accessed some or other form of user-generated health information online, which reinforces Quintana *et al.*'s (2001) assertion that the pursuit of health information does not occur in a social vacuum. Shared common meaning between the information source and intended audience, as well as trust, are vital to online health communication

participation (Schiavo, 2008). This is especially key when the audience is online illiterate, in other words untrained in how to search for health information online (Smith, 2011).

Cugelman, Thelwall and Dawes (2009) and Kreps (2002) state that when developing online technology-mediated health communication strategies, it is essential to do an analysis of the intended audience's preferences and needs. A number of studies also underline the significance of age in health communication efforts utilizing social media, emphasizing that reach and impact will be optimal when a younger generation is targeted (Chib *et al.*, 2010; Chou *et al.*, 2009; Cranston & Davies, 2009; Fox & Jones, 2009; Schein *et al.*, 2010).

By sharing action-oriented research, marketers of health communication messages can foster a better understanding on how best to harness the potential of social media as a communication medium for a specific public health outcome (Noar & Kennedy, 2009). One can however not ignore the possibility of either misinformation or ethical considerations when using social media platforms in health communication (Cugelman *et al.*, 2009). This assumes even greater importance, specifically in an HIV/AIDS context, where issues of stigma and privacy are still highly relevant.

The next section will explore these and other potential limitations as well as the perceived benefits to employing social media for HIV/AIDS communication.

### **3.4 Using social media for HIV/AIDS communication**

Existing research on social media's deployment as a communication medium for HIV/AIDS information mainly focuses on current occurrences and challenges for communicators (Cranston & Davies, 2009), its potential to reach adolescents (Rice *et al.*, 2010), and the ethical considerations attached (Bull *et al.*, 2010).

Within the South African context, little research has examined the possible implementation or efficacy of social media as a communication medium for HIV/AIDS-related information among priority and high-risk groups (Cranston & Davies, 2009). The absence of research in South Africa implies that marketers of HIV/AIDS communication remain unsure, or perhaps as yet unaware, of the impact of social media in this context and the subsequent challenges for communication

strategy development. By continually monitoring new innovations in developing markets such as South Africa, Cranston and Davies (2009) argue that marketers of health communication can evaluate its impact for future re-employment.

To exploit the potential, promote a better understanding, and identify the most viable available strategies, which can be planned in conjunction with the strengths of the various social media platforms, primary research is necessary (Cranston & Davies, 2009; Noar & Kennedy, 2009). Further, the knowledge of students' social media consumption may also provide a framework that enables marketers to better understand what motivates technology-mediated social participation for health promotion in general (Preece & Shneiderman, 2009).

While previous studies acknowledge that social media platforms offer unprecedented opportunities to collect data and interact with young people (Bull *et al.*, 2010), its efficacy as a communication channel to improve knowledge and raise awareness regarding HIV/AIDS specifically has produced conflicting results.

One point of view is that increased online access has made it easier to disseminate information at one's own convenience (Crutzen *et al.*, 2011; Hesse, 2009; Kaplan & Haenlein, 2009). An opposing point of view is that social media in this context may yield unintended negative impacts, such as the dissemination of non-credible erroneous information (Chou *et al.*, 2009). Concerns are also raised regarding ethical implications surrounding the nature of the subject (Cugelman, 2010), and privacy concerns regarding the regulation and moderation of personal information (Ritterband *et al.*, 2009).

Given the wide range of opposing views, the next section seeks to identify which social media attributes are perceived to be beneficial for, or limiting in, the provision of effective communication in the context of HIV/AIDS. As this is a rapidly changing field, the perceived benefits and limitations should not be seen as an exhaustive list but rather as indicative of the interest that it draws from academic researchers and marketers alike.

### 3.4.1 *Criteria to identify benefits and limitations to using social media for HIV/AIDS communication*

As a benchmark to identify which social media attributes are perceived to be beneficial for, or limiting of, effective communications in the context of HIV/AIDS, the attributes were first pinned against a set of criteria. These benchmark criteria originated from existing measures used in previous studies to either evaluate the effectiveness of social media for health or HIV/AIDS communication, or to understand consumers' perceptions of online-based health information.

The criteria were taken from four studies that were suitable in terms of their objectives. The objectives were as follows:

- A case study to review issues relating to HIV prevention research among youth on social networking sites online (Bull *et al.*, 2011)
- A literature review on the effectiveness of the use of social media for public health information communication (Schein, *et al.*, 2010)
- A qualitative study, which explored consumers' perception of consumer health information on the Internet (Quintana *et al.*, 2001)
- A study assessing social media use, to assert the implications for its effective use in health promotion and communication (Chou *et al.*, 2009).

To be deemed beneficial, the identified social media attributes had to adhere to the following criteria:

- Would this social media characteristic contribute to more effective HIV/AIDS communication (Bull *et al.*, 2011; Schein *et al.*, 2010)?
- Does this social media characteristic enable or empower the user to make an informed health decision (Quintana *et al.*, 2001), specifically regarding HIV/AIDS?
- Does this social media characteristic lead to heightened social engagement (Chou *et al.*, 2009) around issues relating to HIV/AIDS?

Social media attributes considered as limiting HIV/AIDS communication were evaluated based on the following criteria:

- Would the attributes hinder effective communication in the context of HIV/AIDS (Schein *et al.*, 2010)?
- Could the use of social media as the medium for communication negatively impact health messaging (Bull *et al.*, 2011)?

- Does the employment of these social media attributes obstruct campaign effectiveness (Chou *et al.*, 2009; Quintana *et al.*, 2001)?

Given that the identified benefits and limitations in part rely on psychological norms, such as that a positive experience may encourage participation (Lampe, LaRose, Steinfield & DeMaagd, 2011), and a negative experience discourage participation (Azjen, 1985), both are respectively listed as either being a potential benefit or limitation.

#### 3.4.2 *Perceived benefits and limitations to using social media for HIV/AIDS communication*

Table 3.4 lists the various social media attributes, which adhered to the criteria as previously laid out. The table also indicates whether the attribute is categorized as either being perceived as beneficial or limiting for HIV/AIDS communication.

**Table 3.4: Social media attributes perceived to benefit or limit HIV/AIDS communication**

<b>Literature</b>	<b>Benefits</b>
Hesse, 2009; Brodalski <i>et al.</i> , 2011	Convenience
Kaplan & Haenlein, 2009	Ease of access
Preece & Shneiderman, 2009	Fun
Bennett & Glasgow, 2009; Bull <i>et al.</i> , 2010	Communication can be personalized
Chou <i>et al.</i> , 2009; Crutzen <i>et al.</i> , 2011	Easy to disseminate information
Bennett & Glasgow, 2009; Chou <i>et al.</i> , 2009; Terry, 2009; Luck <i>et al.</i> , 2010	Open forum
Van't Riet <i>et al.</i> , 2010; Cranston & Davies, 2009	Positive experience encourages participation
<b>Literature</b>	<b>Limitations</b>
Khan, Ancker, Li, Kaufman, Hutchinson, Cohall & Kukafka, 2009	Erroneous information
Cooke & Buckley, 2008	Validity of source
Ritterband <i>et al.</i> , 2009; Smith, 2011; Van Der Velden & El Emam, 2013	Privacy exposed
Abroms & Maibach, 2008; Fogel & Nehmad, 2009; Schiavo, 2008	Absence of trust
Evans <i>et al.</i> , 2008; Rice <i>et al.</i> , 2009	Self-reporting
Bull <i>et al.</i> , 2010; Cugelman, 2010	Ethical implications
Preece & Shneiderman, 2009	Negative experience discourages participation

The attributes from Table 3.4 should assist in answering the primary research question, as these attributes could possibly have a significant influence on perception. These attributes by extension form the constructs that will be used for empirical testing during the qualitative research phase of the study. It is also hypothesized that these attributes, which are categorized as benefits and limitations, could either positively or negatively influence perception.

The next chapter assesses the perception process and also configures perception within the framework of social media in more detail.

### **3.5 Conclusion**

Concluding from the reviewed literature, technology-mediated platforms avail marketers the opportunity to communicate health-related information to consumers. With the increasing occurrence of e-health and the growing number of consumers seeking out health information online, social media creates a point of confluence, which merits its use for health-related communication.

Health service providers are furthermore provided with an opportunity to collaborate with consumers, and thus provide products or services that would arguably improve the health of their target markets. In this way, consumers are enabled to better moderate their own health in exchange, by being able to access health information in a technology-mediated environment with which they are already familiar.

Further, in gauging perceptions it is important to consider that various factors may influence one's perception. Thus, various social media attributes may similarly influence perception in a favourable or negative manner. In order to assess whether the identified attributes can be considered as either beneficial or limiting to effective communication, these attributes themselves require further exploration. This also in turn necessitates that the role of the communication channel itself be evaluated. The chapter that follows reviews theories and models of both a communication channel and the issue of perception, and furthermore gives a brief overview of the prevalent theories used for HIV/AIDS communication strategy development.

## CHAPTER FOUR: OVERVIEW OF RELEVANT THEORIES ON PERCEPTION AND SOCIAL MEDIA IN AN HIV/AIDS CONTEXT

### 4.1 Introduction

The preceding chapters have highlighted how the rapidly transforming communication landscape has brought about a change in the way in which marketers conceivably could employ popular Internet-enabled media platforms to promote health (Abrams & Maibach, 2008). This transformation has largely been driven by two factors, namely the potential to reach larger audiences due to the high rate at which new media channels proliferate and converge (Cranston & Davies, 2009; Lefebvre, 2007), and the consequential decline in the size of traditional media audiences (Maibach, 2007). In the realm of targeted communication exchange, social media have become one of the most pervasive communication mediums in both commercial and health marketing (Mangold & Faulds, 2009).

To better frame social media as a channel for an integrated marketing communications approach to HIV/AIDS communication, this chapter will review earlier traditional media campaigns and interventions that are considered as having been successful. The chapter will in addition briefly discuss previously employed health-communication approaches to HIV/AIDS communication, in order to establish its suitability within context. To understand how perception may impact communication strategy development, this chapter seeks also to define perception within the context of the study. Based on the literature reviewed, the pertinent key constructs to be measured in the empirical work, which may impact audience perception of social media, will also be identified. Furthermore, the chapter will assess existing theories that have been employed to study perception of a communication channel within a particular context.

As discussed previously in the introductory stages of this study, two theories form the basis of the study, and will be explored in more detail – i.e. the *channel expansion theory* (Carlson & Zmud, 1999), and the *media richness theory* (Daft & Lengel, 1986). The *channel expansion theory* focuses on how individuals develop perceptions of media richness or capacity to facilitate shared meaning, whilst the *media richness theory* states that communication consists of a variety of cues that convey information and simultaneously assist a receiver to achieve clarity by providing either a social, emotional or task-related context.

Limited research has explored the relationship between sexual risk behaviour and social media use among high-risk groups in South Africa (Kaufman, Braunschweig, Feeney, Dringus, Weiss, Delany-Moretlwe & Ross, 2014), and similarly minimal research has examined the actual responses to and perceptions of these audiences towards the medium for communication within this context. This suggests that marketers of HIV/AIDS communication may as yet remain uncertain of its impact, which in turn could well have a consequential effect on communication strategy development.

To effectively use social media as part of an integrated marketing communications strategy for students, Lewis (2010) asserts that the marketing strategist requires an appreciation of how this group perceive and employ social media in their construction of knowledge and reality. Similarly, exploring students' perception of the role of social media in HIV/AIDS communication will assist marketers in assessing what modes of exposure to health-related messages have the greatest effect, in both the spheres of acceptance and retention and then also the measure of behavioural modification, if any (Evans *et al.*, 2008).

It is useful to explore some of the approaches often employed in HIV/AIDS communication, before one explores the various models to explain perceptions of HIV/AIDS communication.

#### **4.2 Overview of HIV/AIDS communication approaches**

A number of approaches have been proposed for health-related communication programmes and HIV/AIDS interventions over the years. The most salient communication approaches are those mentioned above, i.e. *social change* – and *behaviour change* communication, with the latter being the prevailing approach used for HIV/AIDS specifically (Cardey, 2006).

Theories based on a *behaviour change* approach to communication have been widely reviewed and include:

- The health belief model
- The theory of reasoned action
- Social learning/cognitive theory
- Diffusion of innovation



- Social marketing to guide health-related communications (Cugelman, 2010; Lefebvre, 2007; Noar *et al.*, 2009)

Table 4.2 summarizes a number of social marketing campaigns, which focused on HIV/AIDS prevention and awareness, targeted at adolescents and young adults.

**Table 4.2: Social marketing campaigns focusing on HIV/AIDS awareness and prevention**

Campaign	Research design	Location	Target audience
KNOW HIV/AIDS	Observational	United States	Young adults
loveLife	Observational	South Africa	Adolescents and young adults
Salama	Observational	Tanzania	Adolescents and young adults
Trust	Observational	Kenya	Adolescents and young adults

*Adapted: Evans (2008)*

Although *behaviour change* communication is perceived as the most popular framework to use for HIV/AIDS communication, it has come under increasing scrutiny as being ineffective (Airhihenbuwa & Obregon, 2000; Melkote, 1991; Singhal & Rogers, 2003), as the pandemic has over the years showed to be a social condition more than an individual problem. According to Parker (2004), *behaviour change* communication doesn't fully consider the influence of contextual variables, such as gender relationships and culture in an individual's decision making process, but leads from the premise that individuals go through reasoned and intentional thinking processes when engaging in sexual behaviour (Airhihenbuwa & Obregon, 2000).

*Social change* communication, has conversely, been predominantly influenced by two streams of thinking:

- Communication for social change; and
- The UNAIDS Framework for HIV/AIDS Communication (Cardey 2006).

Table 4.2.1 further outlines the differences in the two approaches through the use of a comparative table, adapted from Cardey (2006). The table highlights the various theoretical and conceptual foundations, assumptions and approaches, traditionally used to address HIV/AIDS communication.

**Table 4.2.1: A summary of approaches used in HIV/AIDS communication**

Behaviour Change Communication	Social Change Communication
Theoretical and conceptual foundation	
<ul style="list-style-type: none"> <li>• Social cognitive theory also known as social learning theory (Bandura, 1989)</li> <li>• Theory of reasoned action (Fishbein &amp; Ajzen, 1975)</li> <li>• Diffusion of innovation (Rogers, 1983)</li> <li>• Stages of change (Prochaska &amp; DiClemente, 1983)</li> </ul>	<ul style="list-style-type: none"> <li>• Emerging perspectives, strongly influenced by participatory communication. Influenced by work of Freire (1970) and Diaz-Bordenave (1977). More recently influenced by Communication for social change (Gray-Felder &amp; Deane, 1999)</li> <li>• Case studies conducted by Singhal (2001) and Reardon (2003).</li> </ul>
Sample approaches and implementation	
<ul style="list-style-type: none"> <li>• AIDS risk reduction model (Family Health International, 2003)</li> <li>• Social marketing (Kotler &amp; Zaltman, 1971; Kotler &amp; Roberto, 1989)</li> <li>• Health promotion and education (Terris, 1992) Used by i.e. UNAIDS, UNICEF, World Health Organization</li> </ul>	<ul style="list-style-type: none"> <li>• Social mobilization (Wallack, 1983)</li> <li>• UNAIDS HIV/AIDS communication framework (Airhihenbuwa &amp; Obregon, 2000)</li> <li>• Communication for social change (Gray-Felder &amp; Deane, 1999)</li> </ul>
Orientation and assumptions	
<ul style="list-style-type: none"> <li>• Focus on individual needs and behaviour change.</li> <li>• Can use modeling (imitation of behaviour of a role model) and self-efficacy (one's perceived ability to adopt a recommended behaviour). Assumes that exposure to information leads to knowledge, attitudes, trial and adoption of the desired behaviour.</li> <li>• Assumes that people are rational and make systematic use of information available to them.</li> <li>• Assumes that people are passive adopters of information, injecting new messages into society without critical interrogation.</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on the relationship between individual and social change.</li> <li>• Social change is more likely to be sustainable if the individuals and communities who are most affected own the process and content of communication.</li> <li>• Communication should be empowering, horizontal, give voice to the marginalized or unheard members of the community, and based on local content and ownership. Outcomes should move beyond the individual towards social norms, policy, culture and context.</li> </ul>

*Adapted: Cardey, 2006*

As critique of both the *behaviour change* and *social change* communication approaches, Airhihenbuwa and Obregon (2000:6) state that HIV/AIDS

communication strategies “*often attempt to fit implementation processes into the rules of a dominant theory or model in social psychology rather than allowing the field experience to shape its own framework.*” This critique proposes that communication strategies are often not guided by the target audiences’ experience with or perception of the facilitating elements used, such as the communication channel, to mediate the intervention. Airhihenbuwa and Obregon (2000) also stress that the importance of context is often underestimated, and assert that contextual differences must be taken into consideration in order to develop effective HIV/AIDS communication strategies for priority and high-risk groups.

Lievrouw (1994) comments that the theories grounded in the aforementioned approaches mainly operate from the presumption that health communication predominantly facilitates communication between institutions as the source of the message and individuals as the receivers. This assumption leaves a void in the facilitation of group, family or community health communication strategies, which in the South African context, is key to addressing health communication disparities (Paul-Ebhohimhen *et al.*, 2008). Moreover, message design and message construction too, which is considered essential for effective communication between sender and receiver (Lewis, 2010), is not traditionally considered in these approaches either (Ritterband *et al.*, 2009).

As a direct result of little being known about the medium most effective for communicating different types of HIV/AIDS-related messages to high-risk or priority groups (Klepp, Flisher & Kaaya, 2008), marketers are challenged to develop communication strategies based on the target audiences’ experience with, or perception of, the facilitating communication channel (Figueroa *et al.*, 2002). In addition, the context of the communication, as well as audience-specific factors (Smith, 2011) on an individual (Scalway, 2003), or collective-community level (Figueroa *et al.*, 2002) is often disregarded. To ensure effective communication, especially in a context of sensitivity such as HIV/AIDS, factors such as message construction and message design need in-depth consideration. As this study is marketing biased and thus framed within an integrated marketing communications approach, theories therefore founded on commercial marketing principles are favoured.

Further, in order to address the disparities identified above, theories focusing on an individual's perception of a communication channel as a key factor to motivate use need to be explored. D'Urso and Rains (2008) argue that it is necessary to understand the factors that influence perceptions of communication channels, as these could assist in developing theories that effectively explain their use and simultaneously isolate the broader implications that their employment could have on communication. This is supported as it could provide not only insight, but also aid in answering the primary research question, which seeks to gauge the perception of a distinct group of users' perception of the role of a specific communication channel, within a particular communication context.

As previously indicated, the theories to be reviewed are the *channel expansion* and *media richness* theories. The channel expansion theory was developed by Carlson and Zmud (1999), and shows that users' perception of the richness of a communication medium (e.g., social media) varies according to the users' previous experience with the medium, communication partner, and the communication topic. Understanding users' perception of the richness of a communication medium - which takes the media richness theory into account - may also contribute to improved models of media selection and use (Carlson & Zmud, 1999; Klyueva, 2009). Insight into the experiential factors may furthermore also assist in improved prediction of user perception of new communication media (Anandarajan, Zaman, Dai & Arinze, 2010; Carlson & Zmud, 1999), such as social media.

#### **4.3 Overview of theories on perception of a communication channel**

At the outset, there needs to be a clear distinction between *channel* and *communication* for the purpose of this study:

- A channel or medium can be defined as a physical means or device, which facilitates communication (Klyueva, 2009)
- Communication can be defined as a process of imparting information from a sender to a receiver, through the use of a medium or channel (Severin & Tankard, 2001)

Several interrelated models and theories have been developed in an attempt to study the perception of a specific communication channel within a specific context. The models and theories most cited have been used to determine the selection and use of communication media by organizational members, as a means to improve

organizational effectiveness (Carlson & Zmud, 1999; D'Urso & Rains, 2008; Rice, 1993). These include the two theories selected as appropriate to this study: media richness theory (Daft & Lengel, 1986), social influence model (Dholakia *et al.*, 2004), as well as an additional theory, the theory of social presence (Rice, 1993).

These theories can be grouped into three areas, as conceptualized by Carlson and Zmud (1999):

- Factors that enable and/or motivate the selection and use of a particular channel
- The inherent use of a channel
- The perceptions derived from using a specific channel

As the prime focus of this study is the perception of a specific target audience (students), regarding a particular communication channel (social media) as a medium for context-specific communication (HIV/AIDS), attention will be given to the first and third of the groupings listed above. The fundamental basis of these theories proposes that message context influences the richness required of the media (Otondo, Van Scotter, Allen & Palvia, 2008), thus, the more ambiguous or personal the message, the richer the format of media that suits it.

Another recurring theme in these studies is the importance it places on understanding the nature and role of *social influence* in virtual communities (Dholakia *et al.*, 2004). With the exception of Anandarajan *et al.* (2010), not many studies have focused on determining perception of a communication channel for different types of target audiences as a means to improve communication strategy development. Based on empirical testing, Anandarajan *et al.* (2010) suggest that “use richness” is positively affected by *perceived* media richness, *perceived* usefulness, and *perceived* social usefulness.

According to Klyueva (2009), effective communication strategies necessitate marketing practitioners to select the appropriate media channel through which to communicate.

Variables that need to be accounted for when selecting a media channel for a certain purpose, depend on:

- The goal of the strategic communication,
- The task at hand, and
- Previous experiences with the media, communication partner and discussed topic (Anandarajan *et al.*, 2010; Carlson & Zmud, 1999; Daft & Lengel, 1984; Timmerman & Madhavapeddi, 2008).

This corresponds with the principles of the *channel expansion* theory. When based on experience, the perception of a communication channel can be measured in terms of the length of time that the channel has been used or according to the messages sent (Otondo *et al.*, 2008). Experience, suitability of channel to message, and type of communication all contribute to the richness of the media (Klyueva, 2009). In order to better understand this relationship, the *channel expansion* theory views channel use as necessary, but not the only, basis for acquiring knowledge-building experiences.

**This study posits that the nature of students' use of social media and the knowledge developed through it will ultimately determine the perception toward it.**

As part of the theoretical framework for this study, the following section will expand on the *channel expansion* and *media richness* theories in more detail.

#### 4.3.1 *Media richness theory*

Daft and Lengel (1984) propose a number of objective characteristics to assist in determining a medium's capacity to carry rich information. Based on these characteristics, Carlson and Zmud (1999) suggest that rich information is *more capable* than lean information to *reduce* the ambiguity of a message. The media richness theory theorizes that complex topics need to be conveyed using rich media to reduce ambiguity (Daft & Lengel, 1984), while media low in richness are conversely suited to simple topics (Klyueva, 2009).

The fundamental hypothesis to the *media richness* theory is that communication effectiveness is dependent on the match between task requirement, and the capacity of the medium to convey the communication (Otondo *et al.*, 2008). The increased

use and appropriation of a medium in various contexts will lead to the gradual appropriation of that medium for that particular communication task (Anandarajan *et al.*, 2010; DeLuca, Gasson, & Kock 2006). According to Markus (1994) people choose media in part on the basis of the function of the intended message, while Baym, Zhang and Lin (2004) state that the majority of young people's online interactions fundamentally serve social functions. Furthermore, Browning *et al.* (2011) identify minor gender differences in a response to media richness, with females responding better in matching media richness with an equivocal task in an online context than males.

However, the *media richness* theory has received criticism for being too prescriptive in its definition of "richness" as an inherent property of media (Ferry, Kydd & Sawyer, 2001), as well as the theory's inability to explain new media choices (Markus, 1994). Further criticism is the empirically inconsistent findings on the perceived rich and lean communication value of new media (e.g., e-mail) versus more traditional media (e.g., face-to-face communication) (Markus, 1994). This has led to a reconsideration of the *media richness* theory for new media (Carlson & Zmud, 1999).

In reviewing the theory, Carlson and Zmud (1999) argue that, perceptions of "richness" are subject to individually relevant experiences, while D'Urso and Rains (2008) assert that these perceptions are dependent on relevant experiences with the communication topic, communication partners, and communication medium used. Suggesting that richness perceptions are socially constructed, it is claimed thus that such perceptions are subject to social influence or previous experience (Klyueva, 2009).

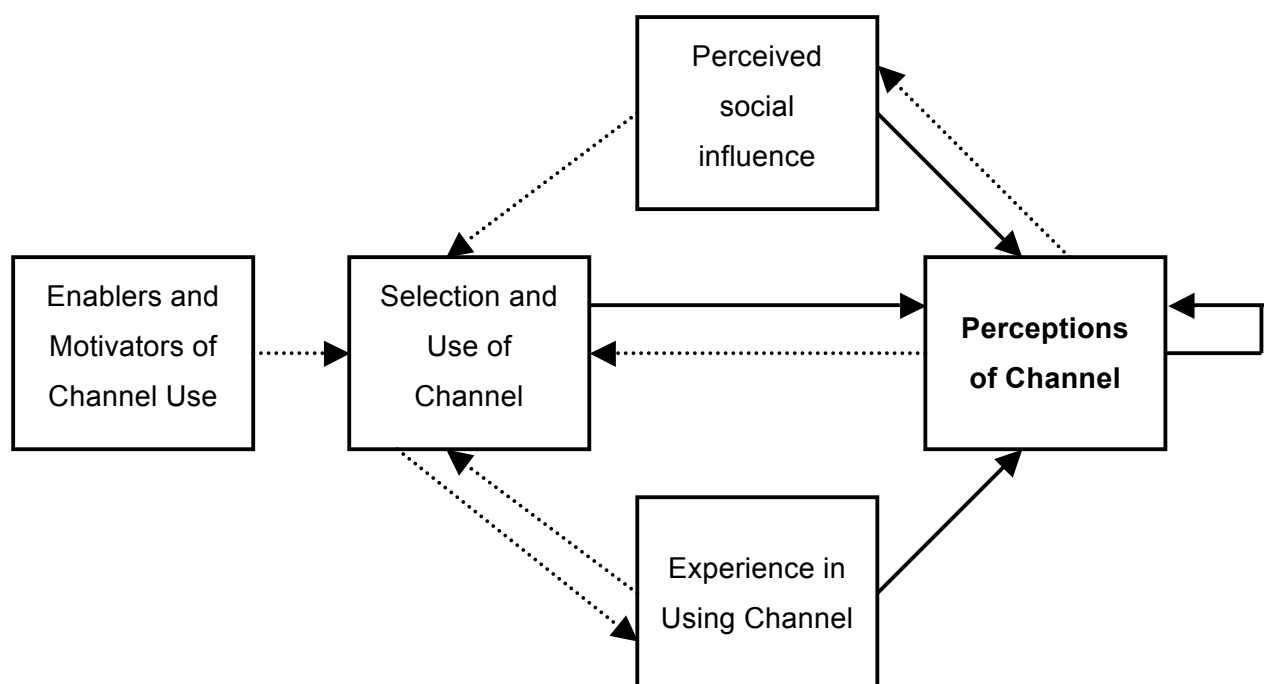
Previous research on relational development in technology-mediated communication, affirm the notion that experience may be associated with perceptions of a medium (Walther, 1992; Walther & Burgoon, 1992; Walther *et al.*, 2008), in that, as one's experience of the medium increases, so should one's perceptions of a medium's richness (Carlson & Zmud, 1999). It is at this juncture that the main assumption of the *channel expansion* theory, which posits that user perception of a communication medium is likely to change as one becomes more familiar with the medium (Klyueva, 2009), will be considered.

#### 4.3.2 Channel expansion theory

The *channel expansion* theory (as represented in Figure 4.3.2) has as its premise that an individual's relevant experiences are key factors that *influence* perception of a channel's richness (Carlson & Zmud, 1999). The theory is centered on how an individual develops perceptions of media richness or capacity, which facilitates shared meaning (D'Urso & Rains, 2008).

Research examining the effect of social influences on “richness” perceptions, has rendered conflicting results (Davis, Bagozzi & Warshaw, 1989; Rice, 1993). Yet, as previously mentioned, Carlson and Zmud (1999) identify that social influences have the potential to change or expand the capability of a medium being rich. Within the framework of students' perceptions and use of Internet-enabled technologies, Waycott *et al.* (2010) and Anandarajan *et al.* (2010) also identify that *context* plays a significant role in formulating one's perception of a communication channel. Thus, the various situational *contexts* should additionally be considered and accounted for when reviewing channel use.

**Figure 4.3.2: Generalized conceptual model of the use and perceptions of communication channels (Carlson & Zmud, 1999)**





In Figure 4.3.2, the solid arrows represent the *determinants of perceptions*, and the dashed arrows represent the *links between the various determinants* and the selection and use of a particular channel.

Being aware of how users develop perceptions about a channel creates understanding of how the channel selection process takes place (Carlson & Zmud, 1999). Channel selection will be directly influenced by perceptions and social influence. Additionally, channel selection may also be determined by situational factors, as represented by the enablers and motivators in Figure 4.3.2 (Carlson & Zmud, 1999).

As it seems that the perception of the receiver may influence the effectiveness of the message, it is useful to also consider and review perception in the context of social media.

#### **4.4 Perception in a social media context**

Perception can be defined as a process by which individuals organise and interpret the sensory impressions to which they are exposed, in an attempt to create order to gain meaning from them (Robbins, Millett & Waters-Marsh, 2004). As an approximation of one's reality, the brain attempts to find coherence out of the stimuli to which it is exposed in order to attribute meaning to it (Kollat & Willett, 1969; Perner, 2008). An understanding of the message is necessary to correctly give meaning to and interpret information (Aaker & Myers, 1986). Botha, Strydom and Brink (2007) assert that perception is influenced by acquired experience and learning. As information and messages can be interpreted differently from one person to the next, so perception can also differ from one person to the next (Perner, 2008).

Underestimating the importance of context when trying to determine perception of a media channel, could lead to a negative perception of that media (Kimble *et al.*, 1998). The rapid adoption and use of social media utilities, specifically among

students (Anandarajan *et al.*, 2010; Boyd, 2008; Friedrich *et al.*, 2011; Ledbetter *et al.*, 2011; Lenhart, 2009; Waycott *et al.*, 2010), has led to significant amounts of research focusing on student perception and attitude within numerous contexts that range from perception toward employing social media as an educational tool in an academic setting (Greenhow, 2011; Lewis, 2010; Park, 2010; Waycott *et al.*, 2010) to a platform for recruitment (Aur lie & Fallery, 2009; Peluchette & Karl, 2008).

One relevant study focused on the assessment of receptivity by adolescents to interactive and technology-mediated new media for the dissemination of sensitive HIV/AIDS health messages in Singapore (Chib *et al.*, 2010). Findings from this study suggest that interactive game play may lead to a change in attitude and intentions relating to HIV/AIDS behaviour (Chib *et al.*, 2010). The study also reiterated the importance of efficacy in HIV/AIDS messages (Chib *et al.*, 2010).

Table 4.4 lists a number of previous studies, including their objectives and findings, which focused on user perception towards technology-mediated media when employed for communication purposes in varying contexts. Students in these studies displayed a positive perception towards using social media for knowledge building and learning within certain contexts, with both male and female students showing equally high receptivity. The findings also confirm the expectation that one's perception and experience with a channel affects one's impression of that channel, while one's perception and use of a social media platform could be affected based on the social context of the communication. As concluded from the above table, context proves to be a major influencing factor in one's perception of a communication channel.

To further explore this assumption, the reviewed literature demonstrated three congruent findings relating to context, user perception and social media:

- Social media is perceived as a daily mode of communication (Chib *et al.*, 2010; Lampe *et al.*, 2008; Pagani *et al.*, 2011; Peluchette & Karl, 2008; Waycott *et al.*, 2010). To students, using the various platforms has become part of their daily routine for communicating with others, mostly in a social setting (Lampe *et al.*, 2008).
- Active social media consumers are information-oriented in nature (Park, 2010), and employ specific social media platforms for informational value to obtain specific content within a specific context (Aur lie & Fallery, 2009 Chib *et al.*, 2010; Greenhow *et al.*, 2009).

- Perceptions of, and participation in social media activities, are dependent on the specific audience that users are anticipating will view the communication (Fogel & Nehmad, 2009; Waycott *et al.*, 2010).

**Table 4.4: User perception of technology-mediated media for communication**

Objective	Findings	Literature
Development of Social Media Affinity Scale to measure student perceptions about social media for academic learning	Social Media Affinity Scale indicates a readiness of students to use social media as part of classroom learning experience. No significant gender difference in high-level male and female receptiveness.	Browning <i>et al.</i> , 2011
Development of the Affect for Communication Channels Scale	Individuals develop a positive or negative affect toward channels of communication, through their experiences with, and perceptions of these channels.	Kelly & Keaten, 2007
Observe changes in use and perception of Facebook over time	Usage patterns, perception and attitude sometimes change over time, though not radically. Changes may occur as a result of change in social context or major change in features.	Lampe <i>et al.</i> , 2008
Individual motivations to communicating via Facebook	Two traits that may produce separate effects on both media use and interpersonal relationships are attitude toward online self-disclosure and social connection.	Ledbetter <i>et al.</i> , 2011

Consumers are exposed to numerous marketing communication stimuli, and the perceptions formed, as a result of the stimuli, often serve as a trigger to influence

behaviour (Botha *et al.*, 2007). Further, consumers will also often act based upon what they perceive to be reality (Aaker & Myers, 1986). This is why it is important for marketers (in this specific study HIV/AIDS communicators), to better understand the concept of perception, in order to more readily determine what influences individual or group perception of a particular communication medium in a particular context (Botha *et al.*, 2007; Perner, 2008). In addition, being mindful of the factors that could influence perception may enable marketers to develop communication strategies, with a greater chance of being recognized and remembered by the target audience (Botha *et al.*, 2007).

In the social context of integrated marketing communications, the perception process is sequentially influenced by *two* particular factors, namely *exposure* and *attention* (Perner, 2008). Perception originates through exposure to stimuli (Botha *et al.*, 2007); consequently the extent to which one encounters stimuli determines one's exposure.

Perner (2008) contends that exposure in itself is not enough to significantly impact behaviour, and in order for stimuli to be consciously processed, *attention* is needed. For its part, attention is considered to be the intensity or matter of degree to which an encounter stimulates an individual (Botha *et al.*, 2007). These two factors in the perception process – *exposure* and *attention* – are discussed in more detail in the following sections.

#### *4.4.1 Exposure as part of the perception process*

Exposure in itself does not significantly impact an individual's conscious attention (Scott, 2009), which accounts for the need for extensive repetition of a marketing message in mainstream marketing, in order to reinforce the message. The same might hold true for messages in the HIV/AIDS arena. Exposure can either occur at random (Perner, 2008), selectively (Botha *et al.*, 2007), or deliberately (Lewis, 2010). Exposure through social media enables marketers to communicate with consumers more pro-actively, and in theory, more deliberately, by joining consumers in their

online conversations and so in effect “meeting” them where they are already converging (Lewis, 2010).

Current students have grown-up with and are thus familiar with the Internet (Roberts & Foehr, 2008), which by extension makes Internet-delivered interventions particularly suitable for them (Crutzen *et al.*, 2011). Students monitor and respond rapidly to new trends relating to information technology (Tapscott, 2008). As an important target group for sexual health promotion due to life cycle stage (Crutzen *et al.*, 2011) and sexual behaviour (Smith, 2011), research has indicated that Internet-delivered interventions aimed at students can be effective in changing and reducing risky behaviour (Portnoy, Scott-Sheldon, Johnson, & Carey, 2008).

Due, however, to low exposure to Internet-delivered interventions (Crutzen *et al.*, 2011), resulting from the omission of a planned, inclusive Internet-based message delivery strategy within HIV/AIDS marketing campaigns, its effectiveness to date has proven to be low (Bennett & Glasgow, 2009). The fact that students are deliberate and active in consuming social media (Lewis, 2010; Browning *et al.*, 2010; Kaplan & Haenlein, 2009), nonetheless grounds the assumption that they are exposed to the medium and so theoretically, the medium could be put to use to communicate to them as recipients in a particular context.

Furthermore, students demonstrate a high desire for self-expression and recognition, or exposure (Park, 2010), which is evident by the popularity of social networking sites that require personal profile creation, such as Facebook (Boyd & Ellison, 2008), Twitter (Tong, Van der Heide, Langwell & Walther, 2008), and Student Village locally (Student Village, 2009).

Social sciences research has indicated that familiarity by repetition may influence a positive perception (Garcia-Marques & Mackie, 2001), yet findings by Campbell and Wright (2008) oppose this idea, showing that familiarity does not necessarily always impact perception favourably in an online context. This suggests that students’ familiarity with and exposure to social media may contribute to their perception of its role for HIV/AIDS communication.

#### 4.4.2 Attention as part of the perception process

Attention is often measured as recall, a measurement of influence on consumer behaviour (Scharl, Dickinger & Murphy, 2005). An individual will invariably pay attention to a stimulus if it is of interest. During exposure to marketing and other messages, consumers apply selective attention (Botha *et al.*, 2007). According to Chib *et al.*, (2010), personal appeal and interest cause youth to feel more involved and thus they are more likely to pay attention to a message. Furthermore, this highly media literate and more digitally connected generation pay less attention to conventional messages that are moralistic and didactic in nature (Chib *et al.*, 2010), and respond better to communication technologies that they perceive as relevant to them.

Additionally, despite enjoying new technologies, students easily become bored (Tapscott, 2008), and attention is frequently accompanied by selective perception (Baun & Groeppel-Klein, 2003; Izard, 1977). In assessing factors that influence extent to which attention is maintained, Scott (2009) identifies several factors to consider, namely repetition, relevance, the element of surprise, and subliminal stimulus. In a technology-mediated context, the factors of repetition (Campbell & Wright, 2008) and relevance (Xiang & Gretzel, 2010) have proven to shape the perception of users. These two factors, *repetition* and *relevance*, are briefly defined within a social media continuum.

- Repetition: Operationally defined, repetition is the act of repeating past experiences (Botha *et al.*, 2007). In the context of obtaining and retaining attention, repetition is based on the premise that if a message is seen over and over again, the cumulative impact will be greater (Perner, 2008). In a social media context, Wankel (2009) contends that repetition improves students' learning and knowledge-building ability. By posting comments, replying to messages, or restructuring one's thoughts in order to contribute to an online conversation, each repetitive action with the message-topic builds understanding (Wankel, 2009). Lane (2000) states that repetition is beneficial when communicating complex messages. Repeated exposure to complex messages can enhance the importance and collective effect of a message, to magnify its positive impact (Anand & Sternthal, 1990). Adversely, the principle of repetition alone may not be sufficient when the media richness of social media

communication (Campbell & Wright, 2008), and the high demand for attention caused by message clutter, is taken into consideration.

- **Relevance:** In general, consumers are more likely to attend to stimuli that they experience as pleasant or relevant to them. The relevance of the stimuli is also determined by the particular context in which it is received and intended for (Burton-Jones & Hubona, 2006). In the case of online familiarity, Campbell and Wright (2008) have found that personal relevance significantly affects attitude. Social media is by and large driven by shared relevant experiences (Blackshaw & Nazzaro, 2006) and relevant content pages (Xiang & Gretzel, 2010), which may influence perception. Lewis (2010) argues that social media inherently possess the ability to highlight the connection between topic, subject, and context by means of the data analysis tools available, which coincides with the fundamental principles of the *channel expansion* theory. This allows for easy access to relevant content, within a specific context. According to Brown (2014), the youth will scrutinize the personal relevance of a social media message based on whether it makes them feel significant, or whether it helps them to 'belong'?

Based on the preceding discussion, the elements of exposure and attention are responsible for shaping the perception process. Exposure constitutes experience and familiarity (with either medium or with message), while repetition and relevance determine attention. Exposure alone, however, doesn't implicitly impact attention or warrant a positive perception. Consequently in the context of social media, exposure to the medium shouldn't be viewed independently of experience and familiarity with the medium. In terms of attention, relevance is considered to be an important factor in the perception forming process.

To place this in the context of the study's primary research question, it is necessary to firstly establish the interpersonal expectations of social media from the perspective of students. Hence the relationship between students' perceived interpersonal expectations and the design utilities of social media need to be explored. Once the interpersonal expectations of social media have been identified, their perception of its role in HIV/AIDS communication can be ascertained.

The following section sets out to expand on a number of constructs, which have been identified through the literature review, as interpersonal expectations that could contribute to the forming of a perception of social media for HIV/AIDS communication.

#### **4.5 Interpersonal expectations of social media**

According to Boyd (2007), young people do in a social networked world what they do in every other public domain to which they have access: they hang out, contend for social status, work through how to present themselves, and take risks to assess the boundaries of their social world. This is even more so in an environment where factors like self-expression, peer influences, and access to information can determine the social standing of a student (Waycott *et al.*, 2010; Browning *et al.*, 2011). Various factors can however contribute to perception and may affect it. The factors identified as interpersonal expectations, are *audience*, *purpose of use*, *message control*, *privacy*, and *trust*. These factors form the variables that will be empirically tested as part of the conceptual model.

##### **4.5.1 Audience**

The idea of audience has been a central theme in recent online communication research (DeAndrea *et al.*, 2012; Lampe *et al.*, 2008; Ledbetter *et al.*, 2011). Due to its design, the identity of an online audience was withheld and unknown to users on social media platforms, until recently. New innovations have however paved the way for greater visibility of the audiences, viewing online user profiles (Erickson & Kellogg, 2002).

This in turn has encouraged greater awareness of self-disclosure and heightened user participation on the platforms (Lampe *et al.*, 2008). Important to note is that information disclosed online on social media platforms could be viewed by growing audiences (Moorhead *et al.*, 2013), as posted content is often permanent and can be viewed by new audiences, a result that is often not intentional. Social media is adapted to various contexts, and thus individuals are able to cultivate their self-presentational messages toward a specific audience with due consideration of the context.



Who users expect will view their online profiles, have led to a change in online behaviour, disclosure and privacy settings. For instance, users perceiving their audience as more public may be less likely to disclose personal information about themselves (DeAndrea *et al.*, 2012), which could potentially lead to dissatisfaction with the overall experience offered by the channel (Lampe *et al.*, 2008). The context and type of audience to which a platform is appropriated, also influences how the anticipated audience is perceived (Barkhuus & Tashiro, 2010).

With little empirical proof that young people join social media platforms to meet new people, students' anticipated audience comprise of peers with whom they have an offline relationship rather than non-peer members of networks or people outside of their network (Valenzuela *et al.*, 2009; Lampe *et al.*, 2008). According to Ellison *et al.* (2007), young people join social networking sites and social media platforms to keep strong ties with existing friends and to strengthen ties with acquaintances with whom they are already familiar.

Based on definitions by Cooke and Buckley (2008), an audience can convey the following visible elements to social media users:

- Identity: Identity is shown by a screen name, which remains visible
- Presence: An awareness of being in the same space with others
- Conversations: Conversations facilitate relationship
- Relationship: Nature of connection in relation to others in the online space
- Sharing: Sharing of experiences that build reputation
- Reputation: Others' opinion or belief about different users in the network
- Group: Over-arching group that grounds identity

In the potentially sensitive context of HIV/AIDS communication, with the issues of stigma and non-disclosure still largely prevalent, the constituent of audience is predicted to retain its importance into the future.

#### 4.5.2 Purpose of use

Young people who are social media participants generally have an implicit understanding of which medium of communication is appropriate to use for which message (Barkhuus & Tashiro, 2010). It appears that the most cited factors that influence different social media usage patterns among students are *gender*

(Peluchette & Karl, 2008; Hargittai, 2007; Lewis, 2010) and *frequency* of use (Park, 2010; Browning *et al.*, 2010). Both males and females use the Internet and social media in fairly equal amounts, with the difference being the motivation and mode of usage (Browning *et al.*, 2010). Further, in terms of frequency of use, students can be categorized into *active*, *semi-active* and *non-active* users (Park, 2010).

Papacharissi and Rubin (2000) suggest that usage patterns, i.e. amount, duration, and types of use are also relevant in determining perception toward media. The authors argue that both amount and type of use is linked to more positive attitudes toward Internet-enabled technologies. Group members also constantly assess the value of being part of a group (Moreland & Levine, 1982). The users of the group might re-evaluate the perception of that social media platform, in terms of appropriateness for a particular type of communication in that specific context (Waycott *et al.*, 2010), as the group's function evolves over time. This tacit understanding yet again brings in the aspect of *media richness* and the theory of media richness in communication (El-Shinnawy & Markus, 1997).

Ajjan and Hartshorne (2008) furthermore suggest that perceived behavioural control should also be accounted for in order to include situations where users do not have complete control over their behaviour. The two components that are accounted for is firstly *self-efficacy*, which reflects personal comfort with using technology (Bandura, 1982), and secondly *facilitating conditions*, which reflects the availability of resources needed to use technology (Triandis, 1979). Previous research has suggested that greater self-efficacy in technology use, may lead to a higher level of behavioural intent and thus subsequent actual use of technology (Compeau & Higgins, 1995; Taylor & Todd, 1995). Conversely, a lack of facilitating conditions may negatively impact on both intention and usage of technology (Taylor & Todd, 1995).

In the South African context, research indicates that 74% of university students are exposed to the Internet, two days a week or more (HEAIDS, 2010). According to a study conducted at the University of Witwatersrand (Galpin, Sanders, Turner & Venter, 2003), male university students have a higher computer self-efficacy than females. The assumption is, thus, that the *purpose* for which students employ social media will impact their perception towards the medium within context – which holds true too of HIV/AIDS communication.

#### 4.5.3 Message control

The perception of message control can be defined as being able to stimulate the conversation within the system, without controlling it (Cooke & Buckley, 2008). The members in the system can choose to respond to a stimulus or disregard it. Not being able to validate the origin of a message may undermine the credibility of a message (Brouwer *et al.*, 2009).

The credibility of online communication has been a key variable for researchers (Sweetser, 2010). Main areas of research have included comparisons of the credibility of one medium with that of another (Kioussis, 2001), and examining the credibility of social media content (Banning & Sweetser, 2007).

Dunn and Johnson-Brown (2008:88) cite that online information is increasingly being presented unfiltered, and argue that online literacy is imperative for discernment:

*“This raises questions about authenticity, validity and reliability. ...The uncertain quality and expanding quantity also pose large challenges for society. Sheer abundance of information and technology will not itself create more informed citizens without a complementary understanding and capacity to use information effectively.”*

As active social media consumers are information-oriented and employ the various platforms to obtain specific content within a specific context (Park, 2010), online literacy and the ability to authenticate the validity and reliability of the communication is important. Hampton, Goulet, Rainie and Purcell (2011) assert that greater media consumer autonomy may lead to better media control. The authors further argue that this would only be possible if users are empowered and possess the necessary competence to operate social media applications (Hampton *et al.*, 2011). In relation to social media, user empowerment can be defined as the capability to interpret and act on a social world that is continuously mediated by self-communication (Pierson & Heyman, 2011). In order to be more empowered through social media, one must already have mastered these new technologies (Pierson & Heyman, 2011).

Cooke and Buckley (2008) argue however that the inverse of message control may also be beneficial for marketing strategy development. Examples include the observance of emerging social media trends (Cooke & Buckley, 2008), and the

development of social media applications through open source software (Trayner, 2005). Trayner (2005) in turn suggests that conventional marketing approaches to message control are outdated, as marketers now have the opportunity to harness people's co-creation potential. Rather than viewing consumers as 'respondents' who need to be introduced to their needs, consumers are considered as willing communicators, due to them updating their status or tweeting about it. Moorhead *et al.* (2013) however contend that for health communication, and presumably too in an HIV/AIDS communication context, marketers need to retain a level of control of the message, in order to maintain validity and reliability.

#### 4.5.4 Privacy

In a social media context, privacy may be defined as upholding control over the circulation of one's personal information (Boyd, 2008). This includes the transfer and exchange of individual and personal information as well. According to Dwyer (2007), privacy on social media sites is often unspecified and not necessarily expected, yet it has emerged as one of the biggest threats facing Internet users today (Boyd, 2008). According to Van Der Velden and El Emam (2013) social media encourages users to share personal information, and there is a growing concern over how this data is collected and used. Shin (2010:428) states that "*Conversations among users may be recorded indefinitely, can be searched, replicated, and altered, and may be accessed by others without the knowledge of those in the conversation.*"

Although students agree that it is important to protect their identity and personal information (Stutzman, Capra & Thompson, 2011), there is often a 'disconnect' between their desire to protect their privacy and their behaviour (Acquisti & Gross, 2006). Despite high levels of awareness of the potential dangers (Lampe *et al.*, 2008), excessive personal data such as home address (Boyd & Ellison, 2008) and cell phone number (Acquisti & Gross, 2006) are often displayed and publically available on personal social media profiles.

Interestingly, based on gender, Fogel and Nehmad (2009) found that females express a greater concern for privacy and disclose less personal information than males, yet there is no significant difference in actual privacy behaviour. This is consistent with literature regarding risk-taking behaviour, which indicate that young male adults reveal greater risk taking behaviour than women (Huang, Jacobs, Derevensky, Gupta & Paskus, 2007). Furthermore, in the context of social

networking, literature shows that individuals with social networking profiles have greater risk-taking attitudes and are more comfortable with the possible risks of their personal information being seen by others, than individuals without social networking profiles (Fogel & Nehmad, 2009).

Goodwin (1992) divides the reasons for seeking privacy into two main categories: control of intrusion, and control over disclosure.

*Control of intrusion* includes avoidance of a number of elements:

- Avoidance of behavioural response from others
- Avoidance of embarrassment
- Avoidance of evaluations by others

*Control over disclosure* in turn consists of the need to protect oneself in a number of settings, namely:

- Protection of enjoyment
- Protection of information about self
- Protection of self-image
- Protection of encountering undesired self

The perception of mediated online privacy is thus dual-purpose in avoiding unwanted solicitation of information, whilst simultaneously operating as a protective self-disclosure mechanism. Based on the reviewed literature, privacy is compromised by the user's inability to manage either the social context of messages or control impressions (Boyd & Ellison, 2008).

Currently, there is no consensus on whether privacy concerns are on the increase or decline. According to Van Der Velden and El Emam (2013), respondents of a qualitative study exploring teenage patients' online privacy behaviour, expressed a significant increase in privacy and distrust concerns on social media platforms. In contrast to this, Park (2010) and Friedrich *et al.* (2011) report that students are relatively insensitive about privacy exposure. Regardless of the contrasting views, privacy and disclosure are still regarded as factors that have the greatest effect on students' usage patterns of social media platforms (Boyd & Ellison, 2007; Lewis, 2010; Browning *et al.*, 2010) and form part of the interpersonal expectations that warrant further exploration in this study.

#### 4.5.5 Trust

Theoretically defined, trust is mostly referenced when one feels uncertain in a situation, and thus feel the need to assume risk when putting one's trust in someone or something else (Hosmer, 1995). Trust thus implies a degree of risk (Koller, 1988), and the trustee may feel vulnerable if the trust is violated (Grabner-Kräuter, 2009; Pavlou, 2003).

In an online environment, trust describes a user's willingness or intention to believe in or have an expectation of a website, with the website or Internet being the object of trust (Grabner-Kräuter, 2009). Defining trust in a social media context, the other members participating on the platform, the technology being used, and the platform itself will all be considered objects of trust. Trust is thus a crucial mechanism to decrease uncertainty, reduce the complexity of online exchanges, and assist users in navigating relationships (Grabner-Kräuter, 2009). For the purposes of this study, trust between the user and the message, as well as the user's trust in the medium relaying the message, will be considered.

Having been cited as one of the most common factors that affect what users are willing to share on social media platforms (Dwyer, Hiltz & Passerini, 2007), social marketers are increasingly contending with declining trust in online health communication efforts (Cugelman *et al.*, 2009). To counteract potentially poor perceptions of marketing efforts, source credibility and trust are traditionally factored into social marketing campaigns (Cugelman *et al.*, 2009). The level of trust that one has in the source of information online, is directly linked to one's perception of the source's ability, credibility and honesty (Mahmood & Selvadurai, 2006).

As online social networks consist of multiple members and communication partners, it is easy to provide misleading or false information, and more difficult to verify whether the information provided is accurate (Grabner-Kräuter, 2009). Nonetheless, social media users tend to trust the advice and expertise of other online community members, and readily entrust social media platforms with their online social lives, largely unwarranted (Grabner-Kräuter, 2009). Interestingly for the purposes of this study, Fogel and Nehmad (2009) found that students perceived Facebook as being a trustworthy social networking website.

According to Pavlou (2003), trust is the most important arbiter between consumer

perception and willingness to interact online – increased trust heightens consumers' willingness to interact. Likewise, Ganzaroli (2002) states that multiple positive experiences will consequently lead to increased trust. Trust in the online sphere is contagious and could drive participation, all the more infectious for being online (Cooke & Buckley, 2008). Conversely, once trust is breached, its ripple effect will also spread like wildfire through the connected networks of an online community.

#### **4.6 Ethical considerations**

Although this study doesn't implicitly explore the ethics involved in researching students' perceptions of the role of social media in HIV/AIDS communication, any research involving human subjects has to remain sensitive to various ethical considerations (Foulkes, 2011), and the research should thus be mindful of it.

Rifon, Vasilenko, Quilliam and LaRose (2006), and Hudson and Bruckman (2004), report that certain online community participants react negatively to their online messages being studied for research. Walther *et al.* (2008) note that users often feel that their freedom is being infringed on when their communication is being observed online. The authors state that, in some cases, users have asserted that they would not have posted certain messages if they had known the audience accessing it was as wide and diverse (Walther *et al.*, 2008).

In case study findings on the ethics of using technology-based media for HIV prevention research, Bull *et al.* (2010) identify a number of ethical principles as non-negotiable, which is listed and expanded on in Table 4.6. Given that the online world erases geographic boundaries and that certain social cues and visual information found in face-to-face communication are diluted, consent to participate in research has to be truly informed and research conducted on social media sites requires deliberate attention to consent, confidentiality and security. (Bull *et al.*, 2010).

The implications for using social media for health-research purposes, may allow researchers to access and engage with members of a specific network, and this in turn requires the use of fast-evolving technological mechanisms to ensure absolute confidentiality (Chou *et al.*, 2009). Ethical considerations will be taken into account when conducting the quantitative and qualitative phase of the research.

**Table 4.6: Ethical principles for the evaluation of technology-mediated health promotion**

<b>Ethical principles</b>	<b>Issues in the evaluation</b>
Beneficence	Special care needs to be taken to justify why the technology modality chosen is the best for the participant, not the health promoter.
Comprehension in informed consent	Lack of immediate and real-time engagement with participants at the time of program enrollment online means researchers cannot readily assess comprehension.
Information and comprehension related to study procedures	Because interventions and data collection occur online, one needs to offer multiple opportunities for people to understand study procedures.
Equity	“Digital divide” issues mean that the benefits and risks associated with Internet-based health promotion are not equally shared across groups. Poor and minority youth have less access to new technology interventions and are at increased risk of HIV infection.
Confidentiality	There is little control over privacy in situations where evaluation data are collected online; Facebook in particular has been involved in public scrutiny over confidentiality of its site’s members.

*Adapted: Bull et al., 2010*

## **4.7 Conclusion**

Predominant social marketing approaches for HIV/AIDS communication are the behaviour change communication and social change communication approaches. Criticism of these approaches stress that the importance of context is not always considered, nor is provision made for group or community communication. Message design and structure are also insufficiently consideration.



Effective HIV/AIDS communication strategies include bridging social capital, and are crafted in accordance with the target audience's interpersonal expectations. The interpersonal expectations regarded in this study are defined as perceived *need utilities*:

- a. Audience
- b. Purpose of use
- c. Message control
- d. Privacy
- e. Trust

The *relationship between the perceived need and design utilities* of social media will be investigated to assess how it could affect students' perception of social media's role in HIV/AIDS communication.

Further, based on the *channel expansion* and *media richness* theories, *context* is of prime importance when attempting to determine *perception*. Considering that this research is centered on a specific audience's perception of the use of a specific communication channel, within a specific context, a new model will be proposed to gauge students' perception. The proposed model will also attempt to determine the relationship between the perceived need and design utilities of social media, within a HIV/AIDS context.

The next chapter sets out the research methodology employed for this study. Firstly, qualitative and quantitative data collection methods are reported, where after the conceptual model is presented. This is followed by a discussion of the measurement items and sample method selection.

## **CHAPTER FIVE: THE METHODOLOGY OF THE STUDY**

### **5.1 Introduction**

The central marketing problem explored is to gauge students' perception of the role of social media in HIV/AIDS communication. The study's particular focus is the assessment of the relationship between perceived need and design utilities of social media among university students both qualitatively by means of focus groups, as well as quantitatively through the use of online surveys. Investigating this problem revealed key insights into students' perception of the role that social media plays in conveying HIV/AIDS messages.

In addition, the study also sought to answer the following secondary research questions:

- a. Are university students using social media platforms to consume information on HIV/AIDS?
- b. Are university students using social media platforms to create information on HIV/AIDS?

With the previous chapters, the theoretical basis and literature that grounds the study were outlined and, this chapter follows on from the literature review and gives an account of the research methodology employed. First, the data collection methods, which include qualitative focus groups, as well as a quantitative online survey, are expanded on, following which, the measurement instruments as derived from existing scales as well as newly developed scales, are presented. Finally, the sample frame is reported.

The research methodology process entailed the following:

- A complete literature review was done to
  - a. Identify factors that could influence student perception of social media for HIV/AIDS communication, to probe during the qualitative phase;
  - b. Assist in the generation of hypotheses to be tested during the quantitative phase of the research;
  - c. Identify measures and assist in developing new scale items where necessary.
- Post the literature review, institutional consent was sought in order to gain access to students and to confirm institutional willingness to participate in the study.

- Following institutional consent, six focus group discussions were conducted on the University of Cape Town (UCT) and University of Western Cape (UWC) campuses. Factors identified during the literature review were qualitatively investigated during the focus group discussions.
- The focus group discussions were transcribed verbatim and the findings analysed and pinned against findings from the literature review.
- The qualitative findings were then used to generate hypotheses from and formulate the conceptual model.
- To quantitatively test the formulated hypotheses, measurement instruments were developed based on established scales, as identified through perusing the literature. Where established scales did not exist, new scales were developed following standard psychometric development procedures.
- After completion of the measurement instrument, the survey was submitted to the UCT Commerce Faculty's 'Ethics in Research Committee' for ethics approval, as well as the Executive Director of Student Affairs on both respective campuses, to obtain approval to access students for research purposes (Appendix A).
- Once ethics approval and student access were granted, a pilot study was conducted on the UCT campus to test the measurement instrument.
- Subsequent to the pilot study, the measurement instrument was revised to ensure clarity.
- Following instrument refinement, the online survey was distributed for quantitative data collection.
- Before commencing with the data analysis, the gathered data was cleaned to only include eligible data.
- The data analysis included establishing the reliability and validity of the measurement model, where after the structural model was assessed to test the hypotheses.
- Post the data analysis, the findings are reported.

Following, is a detailed report of the data collection methods, both qualitatively and quantitatively.

## **5.2 Data collection**

To be representative of the greater student population in the Cape Town region, the University of Cape Town (UCT) and the University of Western Cape (UWC) were identified and approached to participate in the research. After indicating a willingness

to participate, approval was sought from the Ethics Committees and respective Directors of Student Affairs from both institutions. Student and institutional consent to participate in the study was imperative. Only students that consented to participate were surveyed (Appendix B). Due to the sensitive nature of the research context of HIV/AIDS, all participating students and tertiary institutions were fully informed in writing of the nature of the research. The methodology consisted of a qualitative and quantitative research phase, which will be discussed in more detail in the following section.

### **5.3 Qualitative research**

The objective of the qualitative research was to gauge student perceptions and identify factors that are regarded as interpersonal expectations when using social media to convey HIV/AIDS messages. These factors formed the constructs from which hypotheses were generated to test during the quantitative phase of the research.

To assess student perceptions, focus group interviews were employed, which involved an interactive discussion by a small group of individuals guided by a moderator. The focus group material was then analysed in order to draw conclusions about the participant's ideas, experiences and views (Hydén & Bülow, 2003). Focus groups are a common and widespread qualitative research method used for consumer assessment in marketing (Bristol & Fern, 2003; Calder, 1977; Hydén & Bülow, 2003).

In the qualitative phase a total of six focus group sessions with four to five participants per focus group were conducted on each of the campuses. Focus group participants were self-selecting to an extent, as selecting a random student sample was near impossible. Volunteering students were appointed as campus promoters on both campuses to advertise the focus groups on notice boards and also to recruit prospective participants. The campus promoters solicited contact details from students who were interested to participate in the focus groups. The researcher contacted interested students to establish eligibility for inclusion and to inform prospective participants of the nature of the research. Thereafter participants could make an informed decision whether to take part in the research study or not. For ease of accessibility the focus groups were held during lunchtime on campus, each

focus group was about 30 to 45 minutes long and was pre-arranged into specific demographic categories, to be representative of the tertiary landscape.

The researcher acted as focus group facilitator. In order to compare the data generated from the various focus groups, the facilitator made use of the same set of semi-structured focus group questions and guidance notes (Appendix C). Key questions were posed to participants to help define the areas to be explored, while also allowing the facilitator to diverge in order to pursue an idea or response in more detail. A prepared focus group outline was followed where questions moved from general to more specific and the order of the questions were relative to the importance that it had to the general research question.

With consent from the participants, the discussions were audio-visually recorded and transcribed verbatim afterwards, with no additions or omissions made to the transcripts (Appendix D). Tables 5.1 to 5.6 specify the demographic information of the six respective focus groups. Identifying information, such as name, surname or nickname, was removed from the transcripts.

Participant responses and excerpts were coded in terms of their order of response per focus group, for example “FCP 1” can be interpreted as the first participant to respond to a posed questions, “FCP 2” as the second participant to answer a question in the same focus group and so forth. In this case, “FCP” is an abbreviation for “focus group participant”.

**Table 5.1: Demographic information of focus group 1 on UWC**

<b>Participant</b>	<b>Gender</b>	<b>Race</b>	<b>Age</b>
FCP 1	Male	Black	19
FCP 2	Male	Black	21
FCP 3	Male	Black	20
FCP 4	Male	Black	22

**Table 5.2: Demographic information of focus group 2 on UWC**

<b>Participant</b>	<b>Gender</b>	<b>Race</b>	<b>Age</b>
FCP 1	Female	Black	23
FCP 2	Female	Black	21
FCP 3	Female	Black	23
FCP 4	Female	Black	22

**Table 5.3: Demographic information of focus group 3 on UWC**

<b>Participant</b>	<b>Gender</b>	<b>Race</b>	<b>Age</b>
FCP 1	Male	Coloured	18
FCP 2	Male	Coloured	19
FCP 3	Male	Black	20
FCP 4	Male	Coloured	23
FCP 5	Male	Black	22

**Table 5.4: Demographic information of focus group 4 on UCT**

<b>Participant</b>	<b>Gender</b>	<b>Race</b>	<b>Age</b>
FCP 1	Female	White	19
FCP 2	Female	White	18
FCP 3	Female	White	19
FCP 4	Female	White	21

**Table 5.5: Demographic information of focus group 5 on UCT**

<b>Participant</b>	<b>Gender</b>	<b>Race</b>	<b>Age</b>
FCP 1	Male	White	22
FCP 2	Male	White	21
FCP 3	Male	White	22
FCP 4	Male	White	22

**Table 5.6: Demographic information of focus group 6 on UCT**

<b>Participant</b>	<b>Gender</b>	<b>Race</b>	<b>Age</b>
FCP 1	Female	White	20
FCP 2	Female	Black	21
FCP 3	Female	White	20
FCP 4	Female	Coloured	22
FCP 5	Female	Black	22

It is important to note that participants were not asked any information relating to personal HIV/AIDS status, as this was neither beneficial nor relevant to the study. In context, the study aimed at looking at HIV/AIDS merely as a subject matter for social media communication and thus the participants' perception and interpersonal expectations towards the medium within this scope was of sole importance. Although individual responses were detailed, the aim of the focus groups was to identify the general group sentiment from which to gather qualitative data for further analysis during the quantitative phase of the research.

### *5.3.1 Qualitative research findings*

Based on general sentiment, students expressed being saturated with educational messages relating to HIV/AIDS information. The discussions furthermore also revealed that students do not currently use social media platforms to overtly communicate HIV/AIDS-related messages, as the perception is that it is too serious a subject for the medium.

**(White females, UCT)** Facilitator: *"Would you use SM at all for a specific health-related issue, like HIV/AIDS?"*

*FCP 3: "No."*

*FCP 4: "I don't think so."*

*FCP 2: "It's like, too serious for it, you know?"*

*FCP 1: "And also, we've been educated, I don't know about you guys, but you got educated so much about AIDS."*

**(Mixed males, UWC)** *FCP 5: "...I think, uhm, with HIV, people, it's already saturated – we just hear about HIV all the time. So, I don't think people really use social media, are actually, or want to know what's happening on AIDS, that's what I think. You just use social media to socialize."*

**(Black females, UWC)** *FCP 3: "I wouldn't want to follow something like that, because I believe, that around me I have enough warnings, enough posters that's been around, enough speeches – people have said enough about HIV and AIDS, and I know myself and I know where I stand."*

While the general sentiment was that students feel saturated with educational HIV/AIDS information, several groups did express interest in getting involved in the conversation if it was for research purposes or for a charitable cause.

**(Black females, UWC) FCP 1:** *"Yes, if it was something along the lines of research, like a group, like a research group saying we're going to be doing – do you get what I'm saying? [looks at other focus group participants] – we're moving towards a cure, or something like that. Or if it's a foundation where I can help somewhere, maybe, like a foundation where there are AIDS orphans and I can kind of contribute and help."*

**(Mixed females, UCT) Facilitator:** *"...if there's an interest group saying there's a fundraiser for HIV/AIDS orphans?"*

**FCP 2:** *"If that came about, like on Facebook while I was on it, I'd say, maybe I'd be interested."*

**FCP 1:** *"Ja, just to see what it is."*

**(Mixed males, UWC) FCP 1:** *"...so when it comes to things like AIDS activists campaigns, stuff like that, then ja, I'll join or whatever, but I won't like make it a mission to go out there and say spread the word about AIDS..."*

**FCP 5:** *It depends on, like, even who the market is, they benefit from, like the pharmaceutical companies, if they'll benefit from the social media using as a platform, 'cause then advertisers will sell more, basically, if they're using social media."*

The characteristics that render social media as either being beneficial or a barrier for HIV/AIDS messaging were assessed. This was done to determine whether the constructs that were identified in the literature review are supported by the qualitative data gathered. The benefits and limitations were qualitatively tested as these could ultimately affect students' perceptions, positively or negatively, of the medium's use within an HIV/AIDS context. As an outcome of the focus groups, Table 5.7 and Table 5.8 give a summary of the findings resulting from the discussions.



**Table 5.7: Focus group findings on perceived benefits of using social media for HIV/AIDS communication**

<b>Literature</b>	<b>Perceived benefit</b>	<b>Focus group findings</b>
Hesse, 2009; Brodalski <i>et al.</i> , 2011	Convenience	In the context of everyday use yes, but not in the context of HIV/AIDS communication.
Kaplan & Haenlein, 2009	Ease of access	Yes, but perceived more of a social media utility than a benefit.
Preece & Shneiderman, 2009	Fun	Social media is perceived as a fun pastime, but in the context of HIV/AIDS communication it is perceived as too serious a topic for the medium.
Bennett & Glasgow, 2009; Bull <i>et al.</i> , 2010	Communication can be personalized	Yes, perceived as a benefit – mostly among male focus group participants. When viewed within the context of HIV/AIDS, participants would however prefer not to receive or be seen receiving personalized HIV/AIDS-related messages via social media, due to stigmatism.
Chou <i>et al.</i> , 2009; Crutzen <i>et al.</i> , 2011	Easy to disseminate information	The ease with which one can disseminate information via social media is perceived as more of a social media utility than a benefit.
Bennett & Glasgow, 2009; Chou <i>et al.</i> , 2009; Terry, 2009; Luck <i>et al.</i> , 2010	Open forum	Yes, but for HIV/AIDS messaging it is perceived as a barrier.
Van't Riet <i>et al.</i> , 2010; Cranston & Davies, 2009	Positive experience encourages participation	Yes, a first time or previous positive experience is perceived to encourage participation.

**Table 5.8: Focus group findings on perceived limitations of using social media for HIV/AIDS communication**

Literature	Perceived limitation	Focus group findings
Khan <i>et al.</i> , 2009	Erroneous information	Yes, when prompted
Cooke & Buckley, 2008	Validity of source	Yes, respondents reported that they are concerned with the origin of the information and that this affects their perception of the information's validity.
Ritterband <i>et al.</i> , 2009; Smith, 2011; Van Der Velden & El Emam, 2013	Privacy exposed	Yes, privacy was mentioned in all focus group discussions and identified as one of the biggest limitations.
Abroms & Maibach, 2008; Fogel & Nehmad, 2009; Schiavo, 2008	Absence of trust	Yes, respondents reported scepticism and mistrust.
Evans <i>et al.</i> , 2008; Rice <i>et al.</i> , 2009	Self-reporting	No spontaneous mention
Bull <i>et al.</i> , 2010; Cugelman, 2010	Ethical implications	No spontaneous mention
Preece & Shneiderman, 2009	Negative experiences discourage participation	Yes, a negative experience, personal or observed, is perceived to discourage participation.

The perceived benefits of using social media for HIV/AIDS communication, as per the qualitative findings summarized in Table 5.7, are the *ease with which one can access* information, as well as the *ease with which one can disseminate* information. Within the context of the research question, the focus group participants relayed that these benefits are perceived as utilities inherent to social media and is thus beneficial to communication in most contexts.

Furthermore, both the literature-identified benefits of a *convenient* and *fun* medium were rejected as benefits within an HIV/AIDS context. *Personalized communication* and the *open forum* nature of social media were perceived to be barriers for

communication in the context of HIV/AIDS messaging. As expected, a first time or previous positive experience on social media is perceived to encourage participation and thus confirmed literature identifying it as a benefit to using the medium for HIV/AIDS communication.

As per Table 5.8, *source validity*, *privacy* and *absence of trust*, were all confirmed as perceived barriers to using social media for HIV/AIDS communication. When prompted, *erroneous information* was also identified as a barrier to using social media for HIV/AIDS communication. None of the focus group participants spontaneously mentioned the literature-identified potential barriers of *self-reporting* or *ethical implications* to using the medium for HIV/AIDS communication.

To establish how the constructs from Table 5.7 and 5.8 affect student perceptions, the variables of *audience*, *purpose of use*, *message control*, *privacy* and *trust*, as identified from the literature review, were qualitatively tested during the focus group discussions. This was done both to establish its relevancy to the study and to test whether these variables would prove valid to consider, as need utilities for further quantitative testing.

During the focus group sessions, the construct *audience* seemed too broad to test as one all-embracing variable, so the variable was divided into smaller subcategories to clarify the meaning and to better assess its importance. The subcategories of *audience* were *gender*, *race/ethnicity*, *sexual orientation*, *age* and *familiarity*, and based on the qualitative findings, the subcategories of *gender*, *age* and *familiarity* proved to be important and were retained.

There was no marked difference between communication patterns with regards to race/ethnicity, but as the focus groups were pre-arranged into specified demographic groups, it was decided to retain *race/ethnicity* as a variable in the quantitative research phase as well. Table 5.9 gives an overview of the findings.

**Table 5.9: Variables that contribute to student perceptions of social media for HIV/AIDS communication**

Literature	Variable	Findings
Barkhuus & Tashiro, 2010; DeAndrea <i>et al.</i> , 2012; Lampe <i>et al.</i> , 2008; Ledbetter <i>et al.</i> , 2011	Audience	Yes, the gender, age and familiarity of an audience can affect student perceptions.
Browning <i>et al.</i> , 2010; Papacharissi & Rubin, 2000; Park, 2010; Waycott <i>et al.</i> , 2010	Purpose of use	Yes. The purpose of use – whether to create or consume information – is perceived as important.
Cooke & Buckley, 2008; Dunn & Johnson-Brown, 2008	Message control	Yes
Acquisti & Gross, 2006; Boyd & Ellison, 2008; Fogel & Nehmad, 2009; Van Der Velden & El Emam, 2013	Privacy	Yes
Dwyer <i>et al.</i> , 2007	Trust	Yes

Post qualitative data collection, the researcher also considered the inclusion of *mother tongue* as a variable, as it was posited that language, and more specifically one's mother tongue, could prove to be important within a communication realm (Eysenbach & Köhler, 2002; Quintana *et al.*, 2001).

In addition to the constructs derived from the literature review, two new constructs emerged in a number of the focus group discussions:

- Escapism: Social media as a form of escapism
- Endorsement: The power of peer and/or celebrity endorsement on social media participation

To assess whether these new emerging constructs were relevant to the study, they were explored in more detail by firstly reviewing literature and secondly mining the qualitative data for confirmatory information.

Based on the Interpersonal Communication Motives Scale by Rubin, Perse and Barbato (1988), *escape* is one of the key motives for interpersonal communication. Auter (2007) furthermore explored these motives and identified *escapism* as an interpersonal need, fulfilled by mediated technology use.

In all of the male focus groups, at least one of the participants mentioned perceiving social media to be a form of *escapism*, where one could escape from your everyday reality and create a projected image of yourself and your circumstances via your social media profile.

**(White males, UCT) FCP 4:** *“Like, you know, Facebook I think is like a trivial escape from your real world. So you can go onto Facebook, and you could like, get lost in the world of your friends, uhm, and it’s an enjoyable thing. That’s why people do it. Like the “plug drug” – you’re so enwrapped with it...”*

**(Black males, UWC) FCP 2:** *“For me, things like Facebook, it’s, a lot of people found it was an escape – a lot of people use it as an escape to, you know, I escape my reality, ‘cause, you know, on Facebook I can update my status and say I’m at the beach, when I’m not... I can say, uhm, I’m having, uhm, life is good, while life is not.”*

**(Mixed males, UWC) FCP 1:** *“For some people, they find it easier to hide behind, let’s say a PC or a phone or something, where they can express their thoughts better than out in person, because some people just don’t have that people skills.”*

Kozinets *et al.* (2010) identified *endorsement* as one of the four social media communication strategies used to influence word-of-mouth narrative and communal response. The researchers found *endorsement* to be an individualistic, explicit oriented form of interpersonal communication, and state that *“...when the forum involves inherent vulnerability or intimacy on the part of the communicator, such as the inevitable disclosures that accompany the chronicling of an illness, the audience’s resulting support and sympathy provide latitude for a successful explanation or endorsement strategy.”* (Kozinets *et al.*, 2010:85)

In support of the literature, the male and female focus groups expressed an openness to participate in a social media conversation, if a celebrity was the driving force behind it, or their friends endorsed the group or online conversation that was

taking place. According to the focus group participants, this increases one's own social standing or adds to one's online social popularity.

**(Mixed males, UWC) FCP 3:** "...like Angelina Jolie, like, if she had to come up with another cause, because I mean she's always here around Africa, helping kids with whatever need has to be met, so I would obviously follow her, 'cause I mean, she's doing something, instead of sitting at home and just writing a cheque and saying: "Listen, you go do it."

**(Black females, UWC) FCP 1:** "I have like, how many "friends" I don't know – who I've never met – and they'll be telling me like "blah blah blah", and I'm like: "Who are you, again? Are you supposed to know me?" ...You just talk to everybody; you just add other people and sometimes you don't even know them, it's just like: "OK – you're from Mpumalanga, I'm from Mpumalanga, I probably know you" and then you add them."

**FCP 4:** Just to make your Facebook friends a bit more. Increase the value of your popularity."

**(White males, UCT) FCP 2:** "...there are like certain things, that like everyone just almost, goes with the flow. Like everyone just makes jokes about Caster Semenya and things like that, you see them all the time on Facebook, and no one really says, "Listen okes, this isn't OK". Everyone just sort of goes along with it and has a chuckle and carries on with it."

**FCP 4:** "See, I think that goes back to the seriousness of social media. Like, no one really wants to be the person who goes and says, "She's an icon and she's been through a lot" and stuff, no one wants to be the guy who puts a downer on things. So you just go with it."

If peers or celebrities thus endorse HIV/AIDS content available on a social media platform, it is posited that it could positively influence perception toward the medium. Conversely, within the context of *escapism*, it could be argued that content relating to HIV/AIDS may negatively influence student perceptions toward social media, as it drives home the reality of every day life.

Based on these findings, both *escapism* and *endorsement* were retained and included as additional constructs to be quantitatively tested. Within the context of HIV/AIDS

Interesting to note, based on the qualitative findings, males in this age group both consume and create information on social media platforms, while females mostly

consume information that others have created. This is consistent with the findings in literature (Galpin *et al.*, 2003).

To further ascertain whether there are commonalities that would conceptually relate the constructs to each other, conceptual clustering was applied. Although the conceptual clustering was not pertinently relevant in the context of HIV/AIDS specifically, it facilitated the forming of subgroups for the conceptual model. It was argued that the conceptual clustering could potentially also further facilitate the use of the conceptual model within contexts other than HIV/AIDS in future.

The same method of conceptual clustering was applied to the positive and negative variables, which were identified in literature and supported through the qualitative data. Similarly, three overarching subgroups relating to users' expectation towards, experience with, and design appropriateness of social media were identified during the literature review. These subgroups were also confirmed through the qualitative data gathered.

**1. Interpersonal expectations: User expectancies, which contribute to the forming of a perception of the use of social media for communication purposes, in an HIV/AIDS context.**

- a. Familiarity: Familiarity with the online audience that one perceives one is communicating with on a social media platform.
- b. Message control: Level of control of an online message being communicated with others via social media.
- c. Privacy: The ability to control one's personal information in an online-networked context.
- d. Trust: Willingness to believe information, or the source of information, which one accesses in an online-networked context.
- e. Endorsement: The power of peer and/or celebrity endorsement on social media participation.

**2. Social media utilities: The communication purposes that users employ social media for.**

- a. A place to interact: Using social media to interact with communities who share similar interests or values.
- b. A place to get information: Using social media platforms to obtain information.

- c. A place to escape to: Using social media as a form of escapism.

**3. Design appropriateness: The appropriateness of the design of social media to facilitate the creation and consumption of content, in an HIV/AIDS communication context**

- a. To consume social media content by reading, using or accessing content, which another user created.
- b. To create new social media content, by originating, posting, or contributing one's own messages or ideas.

These subcategories informed the structure of the conceptual model and formed the framework from which the hypotheses were formulated. The various constructs were further explored as part of the conceptual model in order to assess how they would inform social media's role in HIV/AIDS communication.

### *5.3.2 Hypotheses*

Based on the constructs identified in the literature review and the findings from the qualitative study, a number of hypotheses were derived. In broad terms, the study hypothesized that interpersonal expectations drive social media utility either positively or negatively. This is consistent with the literature (Cooke & Buckley; Kaplan & Haenlein, 2010), which proposes that users are motivated to engage with social media because they expect to derive value from it.

Furthermore, the study hypothesized that social media utility is positively associated with design appropriateness, which is consistent with literature (Wiid *et al.*, 2013) asserting that users who actively create and consume content on social media platforms regard its design as more important, due to it having to fulfil in their user expectations. It is hypothesized that the various independent variables will either be positively or negatively associated with the dependent variables, based on the qualitative research findings.

Twenty hypotheses were generated and are listed below:

H1<sub>a</sub> Familiarity is positively associated with a perception that social media is a place to interact with others on the topic of HIV/AIDS.

H1<sub>b</sub> Familiarity is positively associated with the perception that social media is a



place to obtain information on the topic of HIV/AIDS.

- H1<sub>c</sub> Familiarity is negatively associated with the perception that social media is a place to which to escape.
- H2<sub>a</sub> Message control is positively associated with a perception that social media is a place to interact with others on the topic of HIV/AIDS.
- H2<sub>b</sub> Message control is positively associated with a perception that social media is a place to obtain information on the topic of HIV/AIDS.
- H3<sub>a</sub> Privacy is positively associated with a perception that social media is a place to interact with others on the topic of HIV/AIDS.
- H3<sub>b</sub> Privacy is positively associated with a perception that social media is a place to obtain information on the topic of HIV/AIDS.
- H3<sub>c</sub> Privacy is positively associated with a perception that social media is a place to which to escape.
- H4<sub>a</sub> Trust is positively associated with a perception that social media is a place to interact with others on the topic of HIV/AIDS.
- H4<sub>b</sub> Trust is negatively associated with a perception that social media is a place to obtain information on the topic of HIV/AIDS.
- H4<sub>c</sub> Trust is positively associated with a perception that social media is a place to which to escape.
- H5<sub>a</sub> Endorsement is positively associated with a perception that social media is a place to interact with others on the topic of HIV/AIDS.
- H5<sub>b</sub> Endorsement is positively associated with a perception that social media is a place to obtain information on the topic of HIV/AIDS.
- H5<sub>c</sub> Endorsement is positively associated with a perception that social media is a place to which to escape.
- H6<sub>a</sub> A perception that social media is a place to interact is positively associated with HIV/AIDS content creation behaviour.
- H6<sub>b</sub> A perception that social media is a place to interact is positively associated with HIV/AIDS content consumption behaviour.
- H7<sub>a</sub> A perception that social media is a place to obtain information is negatively associated with HIV/AIDS content creation behaviour.
- H7<sub>b</sub> A perception that social media is a place to obtain information is positively associated with HIV/AIDS content consumption behaviour.
- H8<sub>a</sub> A perception that social media is a place to which to escape is negatively associated with HIV/AIDS content creation behaviour.
- H8<sub>b</sub> A perception that social media is a place to which to escape is negatively

associated with HIV/AIDS content consumption behaviour.

## **5.4 Quantitative research**

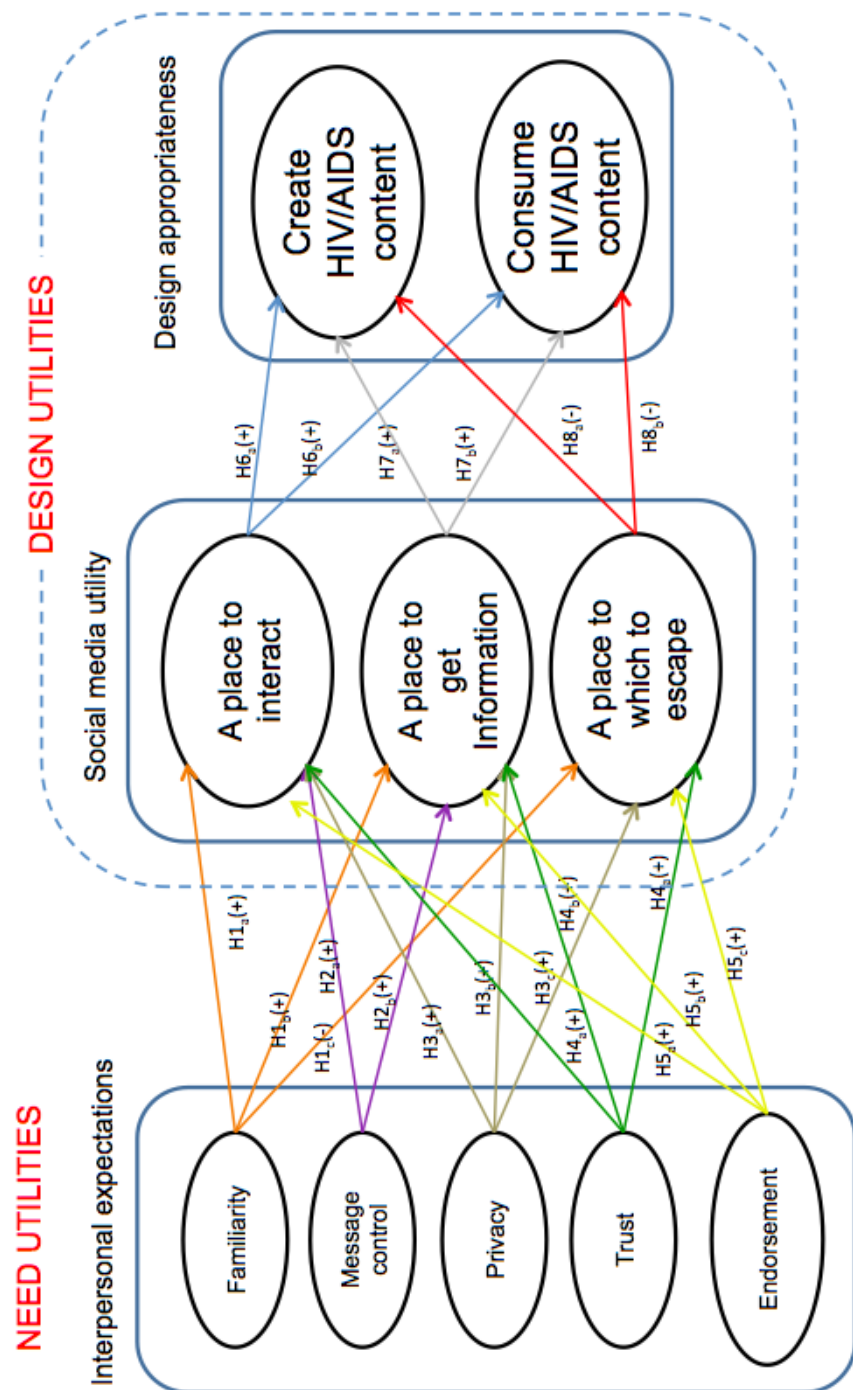
In order to empirically test the hypotheses generated, a conceptual model (Figure 5.10) was developed. The conceptual model shows all the hypothesized paths and is, with a few exceptions, a fully saturated model. Each latent variable in the model was measured using items from previously published scales.

### *5.4.1 Pilot study*

To test the hypotheses and constructs included in the conceptual model, quantitative data was collected. This data was captured and served as the pilot data on which initial testing was done. The questionnaire consisted of multi-item measures for all constructs identified via the literature review as well as the qualitative research. Existing published scales were employed to measure certain constructs and new scales were developed to measure those constructs for which no existing scales could be identified. A paper pilot questionnaire (Appendix E) was administered at random among 102 students on the University of Cape Town campus, with the intention of clarifying all questions.

Sample data from the paper pilot questionnaire (Appendix E) was used to conduct an exploratory factor analysis in Statistical Analysis for Social Sciences software (SPSS). Exploratory factor analysis was employed to establish if the items explain the unobserved variables (Appendix F). In this process item and construct validity and reliability were also considered to establish the psychometric properties of the scale. Multivariate normality and multi co-linearity were also considered. Procedures for conducting these tests are well established (Götz, Liehr-Gobbers & Krafft, 2010) and were applied where appropriate. Only factors with an Eigen value > 1 were retained. The items loaded on factor as expected and supports the factor structure. The results show that the data is suitable for factor analysis, because both the Bartlett test (Snedecor & Cochran, 1989) and Kaiser criterion were satisfactory. An Oblimin rotation also revealed that 10 factors, as theorized, could be retained.

Figure 5.10: A conceptual model to access student perceptions of the role of social media in HIV/AIDS communication



## 5.5 Measurement

The scale items were based on components from previously established measurement instruments and listed in Table 5.11. Where established scales did not exist new scales were developed following standard psychometric development procedures (Bagozzi & Phillips, 1982). Two items were developed to measure *control* and two items were developed to measure *endorsement*. All items were measured with 5-point Likert-type scales were employed, where “1 = *strongly disagree*” and “5 = *strongly agree*”. The measurement instrument consisted of 31 items to measure each of the constructs.

**Table 5.10: Scales and measurement instruments employed**

Construct	Measurement instrument	Item
<b>INTERPERSONAL EXPECTATIONS</b>		
Familiarity	3 items adapted from Ledbetter, 2009	3-8
Message control	1 item adapted from Dwyer <i>et al.</i> , 2007; 2 newly developed items	9-11
Privacy	1 item adapted from Wolfinbarger & Gilly, 2003; 2 items adapted from Buchanan, Paine, Joinson & Reips, 2007	12-14
Trust	1 item adapted from Lynch, Kent & Srinivasan, 2001; 2 items adapted from Cugelman <i>et al.</i> , 2009	15-17
Endorsement	1 item adapted from Erdogan, Baker & Tagg, 2001; 2 newly developed items	18-20
<b>SOCIAL MEDIA UTILITY</b>		
Interact	2 items adapted from Browning <i>et al.</i> , 2011; 1 item adapted from McMillan & Hwang, 2002	21-23
Information	1 item adapted from Bull <i>et al.</i> , 2010; 2 items adapted from McMillan & Hwang, 2002	24-26
Escape	1 item adapted from Novak, Hoffmann & Yung, 2000; 2 items adapted from Korgaonkar & Wolin, 1999	27-29
<b>DESIGN APPROPRIATENESS</b>		
Create	2 items based on Grabner-Kräuter, 2009; 1 item based on Cline & Haynes, 2001	30-32
Consume	2 items based on Cline & Haynes, 2001; 1 item adapted from Browning <i>et al.</i> , 2011	33-35

The initial measurement instrument was randomly pilot-tested and reviewed by students for clarity. Based on feedback, items were then modified or revised and the survey instrument was tested again among a sample of 10 students. The same online data collection method that would be applied for the actual data collection, Qualtrics, was used, following procedures recommended by Churchill (1979). Appendix G shows the final online questionnaire that was distributed.

## 5.6 Sample frame

The target population consisted of any full time student between the ages of 18 to 24, male or female, currently enrolled at any one of the two tertiary institutions where data collection occurred. Neither year, nor field of study were considered. Neither was race, religion or sexual preference. In addition, there were no specific psychographic profiling preferences.

A probability sampling method was used to draw the sample. Every unit had a known non-zero probability of being sampled, due to random selection. To ensure each unit had an equal probability of selection and also minimize bias and simplify the analysis of results (Saunders, Lewis & Thornhill, 2007), a simple random sampling method was employed.

The estimated number of students enrolled for tertiary study at the two collaborating universities, is approximately 35 546. The confidence interval approach suggested by Malhotra (2008) was used to estimate the adequate sample size required.

$$\begin{aligned} n &= Z^2 p(1-p) / E^2 \\ &= (1.96)^2 \times [0.5(0.5)] / (0.05)^2 \\ &= 384 \end{aligned}$$

- Level of confidence: 95% (*Z*-score)
- Margin of error: 5% (*E*-score)
- Standard deviation: 0.5 (*p*-score)
- Proportion of responses expected to have some particular attribute: 75%
- Estimated response rate: 40%
- Minimum sample size required: 384

Both universities granted the researcher access to their student databases. A university administrator sent out an email on behalf of the researcher, with a direct

link to the online survey to the respective student databases of both universities. Using Qualtrics survey software, the quantitative data was collected by means of an online self-completion questionnaire.

A total number of 1 616 surveys were originally collected – 291 surveys were incomplete (not all survey questions completed); 330 surveys were discarded due to unsuitable age (either younger than 18 - or older than 24 years old); another 4 surveys were invalid (surveys which were completed in less than 3 minutes). This brought the final number of surveys that were considered for the quantitative statistical analyses to 991.

## 5.7 Conclusion

Findings from the qualitative data indicated that students, regardless of demographics, race or gender, do not currently utilize social media platforms to overtly create or consume HIV/AIDS-related messages. Online endorsement of an HIV/AIDS cause on a social media platform, by either a celebrity or an online connection, did however emerge as a potential factor that would motivate students to participate in the conversation. This led to the interpersonal expectation *endorsement* being included as a construct in the conceptual model to further test quantitatively.

The qualitative data collected confirmed that four other interpersonal expectations, as identified during the literature review, were suitable for further quantitative testing. These are *familiarity*, *message control*, *privacy* and *trust*. For the conceptual model, these five interpersonal expectations were conceptually clustered together as need utilities.

It was posited that the assessment of the relationship between perceived need and design utilities would reveal key insights into student's perception of the role that social media plays in conveying HIV/AIDS messages. *Need utilities* comprise five interpersonal expectations, namely *familiarity*, *message control*, *privacy*, *trust* and *endorsement*. These interpersonal expectations are the factors that influence student perceptions to utilise social media for HIV/AIDS communication.

Design utilities are divided into two subgroups, namely *social media utility* and *design appropriateness*. *Social media utilities* can be seen as the reasons why students would use social media – to *interact*, get *information*, or to *escape*. To *escape* was a

new factor that emerged from the qualitative focus group discussions. *Design appropriateness* indicates whether the medium is fit for the purpose of facilitating the creation and/or consumption of HIV/AIDS content. In total 10 factors were put forward for statistical testing and analyses.

Based on the conceptual model, a number of hypotheses were generated for quantitative testing. Data for quantitative testing was gathered by means of an online survey. Measurement items existed for most of the survey items, but new scales were developed to measure *message control* and *endorsement*. The final measurement instrument consisted of 33 items and 5-point Likert-type scales were employed. After data cleaning, the final data set contained 991 valid samples for quantitative statistical analysis. The next chapter gives an account of the findings and results following the analysis of the data.

## CHAPTER SIX: RESULTS

### 6.1 Introduction

Research in the area of social media communication and its application to HIV/AIDS-messaging, is relatively uncharted (Venkateswaran, 2011). Exploratory research on the subject in the South African context among students is equally limited (Bennett & Glasgow, 2009), yet exploring the relationship between perceived need and design utilities of social media could reveal key insights into the role of social media in conveying HIV/AIDS-messages (Noar *et al.*, 2009) to students.

Having put forward a conceptual model and generating hypotheses in chapter 5, this chapter consider the reliability and validity of the measurement scale before it reports the results of testing each hypothesized relationship. Following is the structure of this chapter. First, data from the pilot study is subjected to an exploratory factor analysis to confirm whether the items support the factor structure. Second, the actual data is collected and cleaned to gather the final sample data. Key descriptive statistics of the sample is reported. Third, the measurement model is subjected to reliability and validity analysis as part of the Partial Least Squares (PLS) procedure in SmartPLS (Ringle, Wende & Will, 2005). The measurement model is revised and subjected to another round of reliability and validity testing. Having established the psychometric properties of the measurement model, the structural model is assessed to test the hypotheses. The chapter concludes with a summary of the key quantitative results.

### 6.2 Main study

#### 6.2.1 Descriptive statistics

The following section reports the demographic information of the sample, as well as additional findings relating to social media use, Facebook use in particular, as well as online use in mother tongue. As an additional construct identified during the qualitative phase of the research, the descriptive statistics on social media as a place to which to *escape*, is also reported.

Once the data had been collected, the data set was reviewed and cleaned, as detailed in Chapter 5, leading to a final sample size of  $N = 991$ . The final data set consisted of 991 respondents, with 53,8% being from the University of Cape Town ( $N$



= 533), and 46,2% from the University of the Western Cape ( $N = 458$ ). The racial composition of the sample varied, with 31,5% Black ( $N = 312$ ), 23,8% Coloured ( $N = 236$ ), 27,1% White ( $N = 269$ ), 5,4% Indian ( $N = 54$ ). Of the participants, 10,1% preferred not to answer the question relating to race ( $N = 100$ ) and 2% are from other ethnic groups ( $N = 20$ ). Table 6.1 gives an overview of some of the key descriptive statistics of the sample.

**Table 6.1: Key demographic information of the sample**

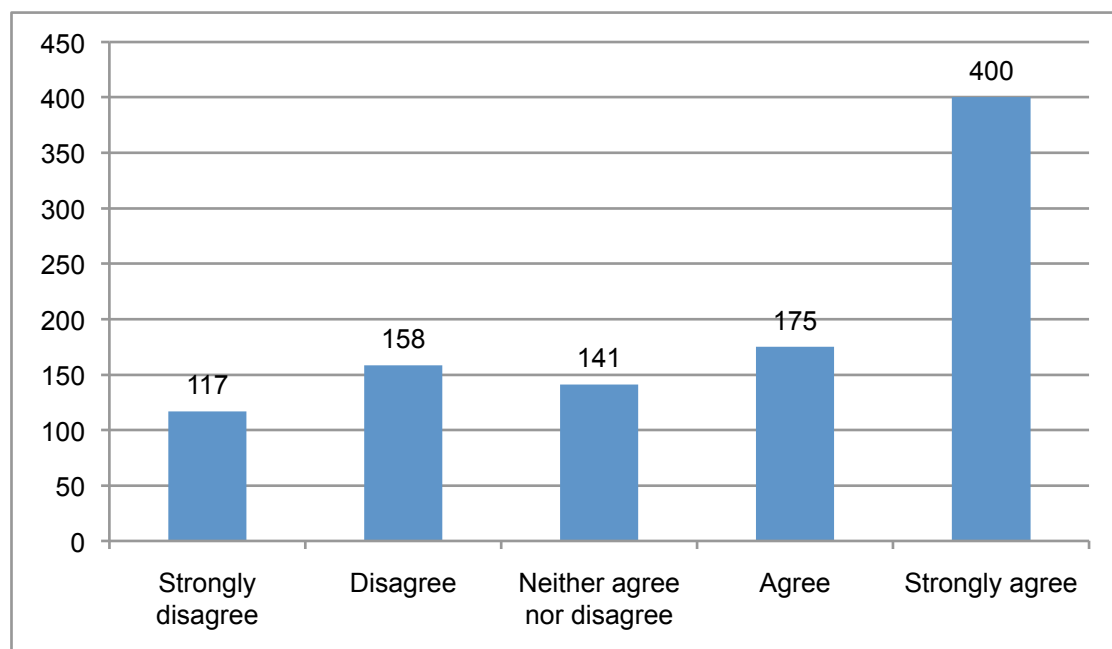
<i>N</i>		991
Gender	<i>Male</i>	332 (33,5%)
	<i>Female</i>	659 (66,5%)
Average age		21 years
Tertiary Institution	<i>University of Cape Town</i>	533 (53,8%)
	<i>University of Western Cape</i>	458 (46,2%)
Level of Facebook use	<i>Have never used it</i>	23 (2,3%)
	<i>Tried once, but have not used it since</i>	12 (1,2%)
	<i>Have used it in the past, but do not use it nowadays</i>	96 (9,7%)
	<i>Currently use it sometimes</i>	297 (30%)
	<i>Currently use it often</i>	563 (56,8%)
Currently use these social media platforms often	<i>Twitter</i>	198 (19,9%)
	<i>MySpace</i>	2 (0,02%)
	<i>LinkedIn</i>	29 (0,3%)
	<i>YouTube</i>	397 (40,1%)
	<i>WhatsApp</i>	794 (80,1%)

As per Table 6.1, the majority (66,5%) of the final sample participants were female ( $N = 659$ ), with the average age of all participants being 21 years of age. An overwhelming majority of the sample have some level of experience with Facebook (97,7%), with 1,2% having either tried Facebook once ( $N = 12$ ), 9,7% have used it in the past ( $N = 96$ ), 30% currently use it sometimes ( $N = 297$ ), and 56,8% currently use it often ( $N = 563$ ). The second most used platform was *WhatsApp*, with 80,1% of the sample indicating that they currently use the platform often ( $N = 794$ ).

*a. Communicating online in one's mother tongue*

In terms of communicating in one's own mother tongue, 38,7% of participants ( $N = 384$ ) strongly agree that they are more likely to access online information if it is available in their own mother tongue ( $SD = 1.45$ ). Figure 6.1 gives an overview of the respondents' preference of communicating online in one's mother tongue, with 40,4% of participants ( $N = 400$ ) strongly agreeing with the statement that they would prefer communicating in their mother tongue when communicating online ( $SD = 1.43$ ). Based on these findings it stands to argue that this age group would prefer communicating in their mother tongue when communicating in an online context.

**Figure 6.1: Preference for communicating online in one's mother tongue**



Mean = 3.61, Std. Dev. = 1.426,  $N = 991$

*b. Social media as a place to which to escape*

A total of 991 participants completed the *escapism* scale (items listed in Table 6.2), with 332 being male (33,5%) and 659 being female (66,5%). The average age of the sample was 20.8 ( $SD = 2.22$ ), ranging from 18 to 43 years old.

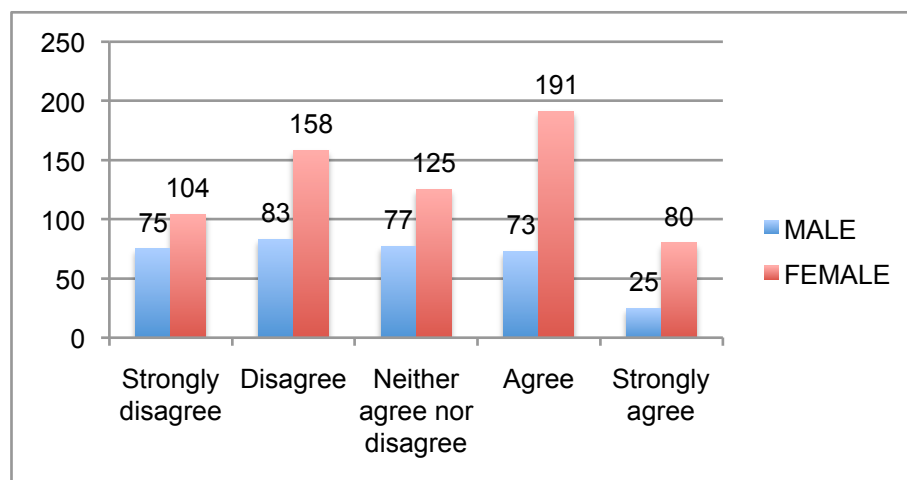
The means and standard deviations for the *escapism* scale are reported in Table 6.2. The mean score for the *escapism* scale was 2.55 with a standard deviation of 1.21. The distribution was slightly positively skewed.

**Table 6.2: Means, standard deviations and skewness for *escapism* scale**

Items measuring variable	<i>N</i>	<i>M</i>	<i>SD</i>	<i>Skewness</i>
When I am on Facebook, I lose track of time and forget about my surroundings	991	2.85	1.27	.42
I use Facebook so I can escape from reality	991	2.07	1.10	.89
I use Facebook so I can get away from what I am doing	991	2.73	1.25	.02

Figure 6.2 shows the respondent breakdown per gender, relating to the question of whether they lose track of time and forget about their surroundings when on Facebook. The findings from Table 6.2 and Figure 6.2, suggest that 27% of female participants ( $N = 271$ ) and 10% of male participants ( $N = 98$ ) indicated that they do use Facebook, in some form, as *escapism*.

**Figure 6.2: Lose track of time and forget about surroundings when on Facebook**



$N = 991$

### 6.2.2 The measurement model

The measurement model and structural model were tested by means of Partial least squares (PLS) (Henseler, Ringle & Sinkovics, 2009; Tenenhaus, Esposito Vinzi, Chatelin & Lauro, 2005), using Smart PLS 2.0 (Ringle, Wende & Will, 2005). This method was chosen, as it is less sensitive for distributional assumptions (Esposito Vinzi, Trinchera & Amato, 2010).

To ensure that the indicators measure each construct as intended, tests for convergent and discriminant validity (Chin, 1998) were performed on the measurement model. Construct reliability was also assessed, by means of assessing the Cronbach alpha coefficient, as well as considering the composite reliability (CR) and the average variance extracted (AVE) as part of the modeling procedure in Smart PLS.

#### a. Reliability

Reliability can be defined as the degree to which a measurement is exempt from variable errors (Cooper & Schindler, 2006). The reliability is an indication of the measurement model's precision to repeatedly yield the same scores when reproduced (Hair, Sarstedt, Ringle & Mena, 2012). For exploratory or new models reliability coefficients of 0.7 or higher are typically considered adequate (Cronbach, 1951; Li, Zhao & Liu, 2006).

To establish whether the model exhibited good reliability, all items were loaded onto the corresponding latent variable structure. Two constructs did not exhibit good reliability, as the Cronbach alpha coefficients yielded loadings of less than 0.6 (Zikmund, Babin, Carr & Griffin, 2013). These two constructs, *familiarity* and, *a place to get information*, were removed from the model and the model was run again.

Figure 6.3 shows the revised conceptual model. The revised model exhibited two constructs with Cronbach alpha loadings marginally less than 0.7, but exceeding 0.6. The Cronbach alpha coefficients for *create HIV/AIDS content* ( $\alpha = 0.62$ ) and *trust* ( $\alpha = 0.63$ ) measured the weakest of all the reliability measures, but Nunnally (1978) states that it is permissible to have alpha values that are somewhat lower ( $>0.60$ ), when newer scales are used.

Even though previously validated measurement items grounded in literature were primarily used to measure the constructs, it was slightly modified to suit the South African context. For this reason it was decided to retain these two items. Both these constructs also yielded significant *t*-values.

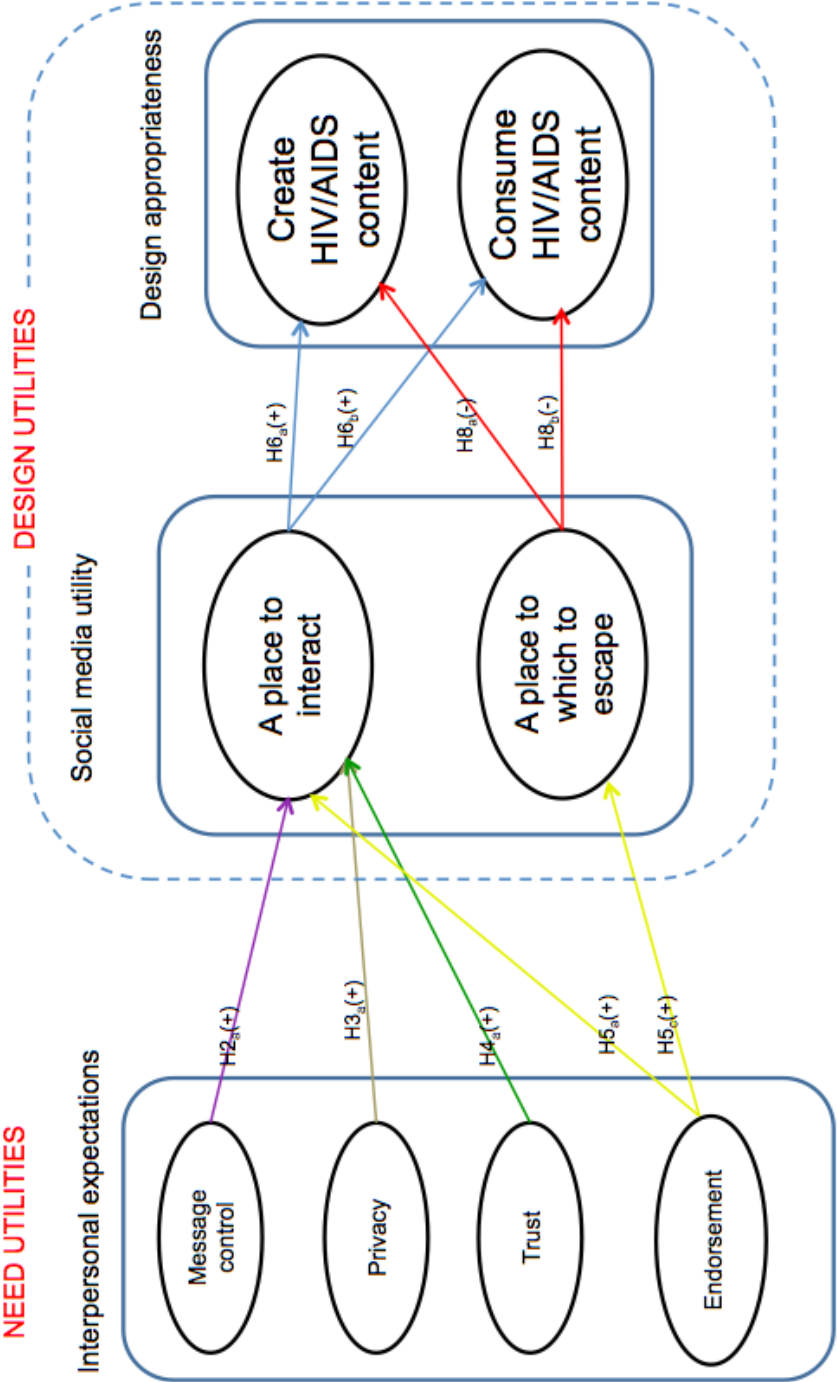
The remainder of the constructs all exhibited good internal consistency reliability (>0.70) and composite reliability (>0.70), as can be seen in Table 6.3. The index of composite reliability measured above the threshold of 0.6 and the index for AVE measured above 0.5 (Table 6.3), which shows satisfactory for reliability (Bagozzi & Yi, 1988).

**Table 6.3: Reliability indicators for the measurement model**

	AVE*	Composite Reliability	Cronbach Alpha
Consume	0,59	0,81	0,70
Control	0,65	0,85	0,73
Create	0,57	0,79	0,62
Endorse	0,67	0,86	0,76
Escape	0,69	0,87	0,78
Interact	0,70	0,88	0,79
Privacy	0,75	0,86	0,71
Trust	0,57	0,80	0,63

\* *Average Variance Extracted*

Figure 6.3: Revised conceptual model to assess student perceptions of the role of social media in HIV/AIDS communication



The constructs *familiarity* and *a place to get information* did not exhibit good reliability and these constructs were subsequently removed. Based on the revised conceptual model (Figure 6.3) the following hypotheses were disregarded:

- H1<sub>a</sub> Familiarity is positively associated with a perception that social media is a place to interact with others.
- H1<sub>b</sub> Familiarity is positively associated with the perception that social media is a place to obtain information.
- H1<sub>c</sub> Familiarity is negatively associated with the perception that social media is a place to which to escape.
- H2<sub>b</sub> Message control is positively associated with a perception that social media is a place to obtain information.
- H3<sub>b</sub> Privacy is positively associated with a perception that social media is a place to obtain information.
- H3<sub>c</sub> Privacy is positively associated with a perception that social media is a place to which to escape.
- H4<sub>b</sub> Trust is negatively associated with a perception that social media is a place to obtain information.
- H4<sub>c</sub> Trust is positively associated with a perception that social media is a place to which to escape.
- H5<sub>b</sub> Endorsement is positively associated with a perception that social media is a place to obtain information.
- H7<sub>a</sub> A perception that social media is a place to obtain information is negatively associated with HIV/AIDS content creation behaviour.
- H7<sub>b</sub> A perception that social media is a place to obtain information is positively associated with HIV/AIDS content consumption behaviour.

With the reliability of the measurement model established, the validity of the model needed to be assessed.

#### *b. Validity*

Convergent validity is examined first. This can be defined as the extent to which groups of items converge or strongly correspond in representing the underlying construct it has to measure (Chin, 2010). Convergent validity is obtained by inter-correlating the component scores of each latent variable with both their respective

block of constructs and all other items that are included in the model (Chin, 1998). Table 6.4 shows the correlation matrix which confirms that no cross loading exceeds the within row and column loadings. The measurement model further exhibited significant convergent validity, with all items loading significantly on its latent construct (AVE's > 0.5) as can be seen in Table 6.3.

**Table 6.4: Correlation matrix**

	Consume	Control	Create	Endorse	Escape	Interact	Privacy	Trust
<b>Cons1</b>	<b>0,83</b>	0,24	0,39	0,22	0,25	0,50	0,22	0,23
<b>Cons2</b>	<b>0,76</b>	0,13	0,33	0,25	0,20	0,34	0,24	0,25
<b>Cons3</b>	<b>0,71</b>	0,05	0,32	0,19	0,13	0,35	0,28	0,26
<b>Cont1</b>	0,18	<b>0,80</b>	0,12	0,22	0,23	0,15	0,05	0,10
<b>Cont2</b>	0,16	<b>0,84</b>	0,10	0,15	0,26	0,16	-0,02	0,06
<b>Cont3</b>	0,13	<b>0,77</b>	0,08	0,16	0,19	0,15	-0,13	-0,01
<b>Crea1</b>	0,35	0,02	<b>0,62</b>	0,04	0,08	0,34	0,10	0,12
<b>Crea2</b>	0,30	0,05	<b>0,78</b>	0,20	0,08	0,33	0,20	0,17
<b>Crea3</b>	0,38	0,18	<b>0,85</b>	0,24	0,29	0,47	0,18	0,18
<b>Endo1</b>	0,23	0,18	0,16	<b>0,82</b>	0,14	0,20	0,19	0,38
<b>Endo2</b>	0,25	0,22	0,19	<b>0,89</b>	0,16	0,28	0,15	0,35
<b>Endo3</b>	0,24	0,13	0,20	<b>0,74</b>	0,08	0,25	0,17	0,24
<b>Esc1</b>	0,27	0,22	0,20	0,14	<b>0,84</b>	0,21	0,03	0,05
<b>Esc2</b>	0,18	0,22	0,17	0,08	<b>0,79</b>	0,22	-0,01	0,00
<b>Esc3</b>	0,19	0,26	0,17	0,16	<b>0,85</b>	0,17	0,06	0,08
<b>Inter1</b>	0,46	0,17	0,46	0,22	0,19	<b>0,86</b>	0,20	0,22
<b>Inter2</b>	0,44	0,15	0,41	0,26	0,20	<b>0,85</b>	0,18	0,26
<b>Inter3</b>	0,43	0,16	0,42	0,26	0,22	<b>0,81</b>	0,23	0,23
<b>Priv1</b>	0,28	-0,02	0,15	0,23	0,00	0,21	<b>0,87</b>	0,42
<b>Priv2</b>	0,26	-0,05	0,21	0,11	0,06	0,21	<b>0,86</b>	0,35
<b>Tru1</b>	0,29	-0,02	0,23	0,13	0,06	0,26	0,48	<b>0,74</b>
<b>Tru2</b>	0,18	0,10	0,10	0,38	0,04	0,17	0,22	<b>0,75</b>
<b>Tru3</b>	0,21	0,09	0,11	0,45	0,03	0,18	0,25	<b>0,77</b>



Testing for discriminant validity is next. Discriminant validity is concerned with establishing whether constructs that are supposed to be unrelated are in fact unrelated. To further define discriminant validity, Bagozzi, Yi and Phillips (1991) firstly define construct validity as the extent to which items on a scale measure the abstract or theoretical construct. Furthermore, Li *et al.* (2006) state that construct validity is not only concerned with establishing whether an item loads significantly on the factor it is measuring, i.e. convergent validity, but also indicates that the latent constructs are unique enough and measures no other factors, i.e. discriminant validity (Campbell & Fiske, 1959).

Discriminant validity is accounted for in two ways:

1. The Fornell-Larcker criterion (Fornell & Larcker, 1981) is used to test whether the square root of the AVE's are greater than any other correlations on the latent variable table of the model.
2. The factor loading of an item on its associated construct should be greater than the loading of another non-construct item on that construct (Hatcher, 1994).

To establish whether the model meets discriminant validity, an analysis was run on the measurement model and as exemplified in Table 6.5, the results suggest no evidence of multicollinearity. Therefore the measurement model exhibits good discriminant validity and meets the Fornell-Larcker (1981) criteria.

**Table 6.5: Latent variable correlation matrix and descriptive statistics**

	Mean	SD	1	2	3	4	5	6	7	8
1. Consume	3.45	0.98	<b>0,77</b>	0	0	0	0	0	0	0
2. Control	2.87	1.25	0,19	<b>0,81</b>	0	0	0	0	0	0
3. Create	3.71	1.06	0,46	0,13	<b>0,75</b>	0	0	0	0	0
4. Endorse	2.85	1.16	0,29	0,22	0,22	<b>0,82</b>	0	0	0	0
5. Escape	2.55	1.20	0,26	0,28	0,22	0,16	<b>0,83</b>	0	0	0
6. Interact	3.80	0.93	0,53	0,19	0,52	0,29	0,24	<b>0,84</b>	0	0
7. Privacy	2.85	1.16	0,31	-0,04	0,21	0,20	0,03	0,24	<b>0,86</b>	0
8. Trust	2.60	1.02	0,32	0,06	0,21	0,39	0,06	0,28	0,45	<b>0,75</b>
<i>Square root of AVE on diagonal</i>										

Having established the reliability and validity of the measurement model, the next step is to consider the evidence to support the theoretical model as hypothesized.

### 6.3 Structural model

The explanatory power of the structural model is assessed next (Chin & Dibbern, 2010), as well as the *R*-squared and path values evaluated. This is done to explain variance as well as establish the significance of all path value estimates. To further assess the strength of association, which indicates the relative magnitude of the difference between means (Pallant, 2011), the effect sizes are also calculated. The hypothesized relationships are lastly tested, by considering the significance (*t*-values) of the *beta* coefficients.

To ascertain how much of the variance in the dependent variables are explained by the structural model, the *R*-squared values are evaluated. Based on Chin's (2010) classification, results of 0.19, 0.33 and 0.67 can respectively be regarded as weak, moderate and substantial.

Conveying the *R*-squared ( $R^2$ ) values as percentages, the model explains 30% of the variance in consuming HIV/AIDS content and 28% variance in creating HIV/AIDS content. Within context and based on previous results in the field (Boßow-Thies & Albers, 2010; Oestreicher-Singer & Zalmanson, 2013), the *R*-squared values for the constructs of *consume* and *create* can be considered to moderately explain variance. Based on the classification by Chin (2010), the model is weak in explaining the amount of variance for social media as a form of *escapism* ( $R^2 = 0.02$ ) and using social media to connect to communities with similar interests or values (the construct *interact*) ( $R^2 = 0.16$ ).

Cohen (1988), however, argue that various disciplines yield different  $R^2$  effect sizes and that research conducted in the behavioural sciences, which attempt to predict human behaviour, are harder to predict. Thus, researchers should be cautious to disregard statistically moderate or weak results as insignificant. In light of Cohen's (1988) argument, the  $R^2$  effect sizes yielded are regarded as satisfactory in explaining the variance in the dependent variables of the structural model.

### 6.3.1 Hypotheses testing

Table 6.6 reports the results of the hypothesized paths for the revised model, with  $t$ -statistic values  $t > 1.96$  being significant.

**Table 6.6: Results of PLS path analysis**

	Hypothesized Relationship	$\beta$	$t$ -statistic	Result
H2 <sub>a</sub> :	Message control → Place to interact	0.149	4.376	Significant
H3 <sub>a</sub> :	Privacy → Place to interact	0.153	4.783	Significant
H4 <sub>a</sub> :	Trust → Place to interact	0.131	3.705	Significant
H5 <sub>a</sub> :	Endorsement → Place to interact	0.180	5.382	Significant
H5 <sub>c</sub> :	Endorsement → Place to escape to	0.156	4.417	Significant
H6 <sub>a</sub> :	Place to interact → Create content	0.490	16.005	Significant
H6 <sub>b</sub> :	Place to interact → Consume content	0.495	16.210	Significant
H8 <sub>a</sub> :	Place to escape to → Create content	0.103	3.297	Significant
H8 <sub>b</sub> :	Place to escape to → Consume content	0.141	4.896	Significant

$p < 0.05$  is considered significant

The data in Table 6.6 exhibits a significant relationship between the perceived need utility of *message control* and social media's utility as a *place to interact*, therefore H2<sub>a</sub> is supported (null could not be rejected). This means that the more the user is in control of the message, the more he/she perceives the medium as a place on which to interact. The relationship between *privacy* and a *place to interact* was also found to be significant, as well as the relationship between *trust* and a *place to interact*. This results in H3<sub>a</sub> and H4<sub>a</sub> being supported. Thus, the more the user expects his or her privacy to be upheld and has trust in the information conveyed on social media, the more the user perceives the medium to be a place on which to interact.

H5<sub>a</sub> ( $\beta = 0.180$ ;  $t = 5.382$ ) and H5<sub>c</sub> ( $\beta = 0.156$ ;  $t = 4.417$ ) are also supported, which shows that these both represent significant relationships between the perceived need utility of *endorsement* and social media's utility as a *place to interact* and a *place to escape to*. The relationship between the social media utility, a *place to interact*, and the design utility to *create content* proved to be significant. This means that if content on a social media platform is endorsed by peers or by a regarded celebrity, the more users perceive the medium to be a place on which to interact and a place to which to escape to. Similarly, the relationship between the social media utility – a *place to interact* – and the design utility to *consume content*, was also found to be significant.

Subsequently H6<sub>a</sub> and H6<sub>b</sub> are supported. Thus the more users regard social media as a place on which to interact, the more they would perceive the medium as a place to contribute content to or consume content from.

As a social media utility, a *place to escape to* proved to have a significant relationship with both design utilities to *create* and *consume content*, which supports H8<sub>a</sub> and H8<sub>b</sub>. In other words, the more a user perceives social media as a place to which to escape to, the more he/she will perceive the design of social media appropriate to the creation and consumption of HIV/AIDS content.

Having evaluated the path coefficients, the correlation coefficients are measured next. This is done by looking at the effect sizes, which quantifies the relationship between variables (Tabachnick & Fidell, 2007).

### 6.3.2 Effect sizes

To enhance null hypothesis significance testing (Selya, Rose, Dierker, Hedeker & Mermelstein, 2012), effect sizes ( $f^2$ ) offer a measure of practical significance, indicating the magnitude of the effect. Effect size is a guide to ascertain whether effects indicated by the path coefficients are weak, moderate or strong (Chin, 1998) - the higher the effect size value, the greater the influence of the independent construct (Chin, 1998).

Cohen (1988) ascribes the following effect size values as a guideline to measure the magnitude of the effect:

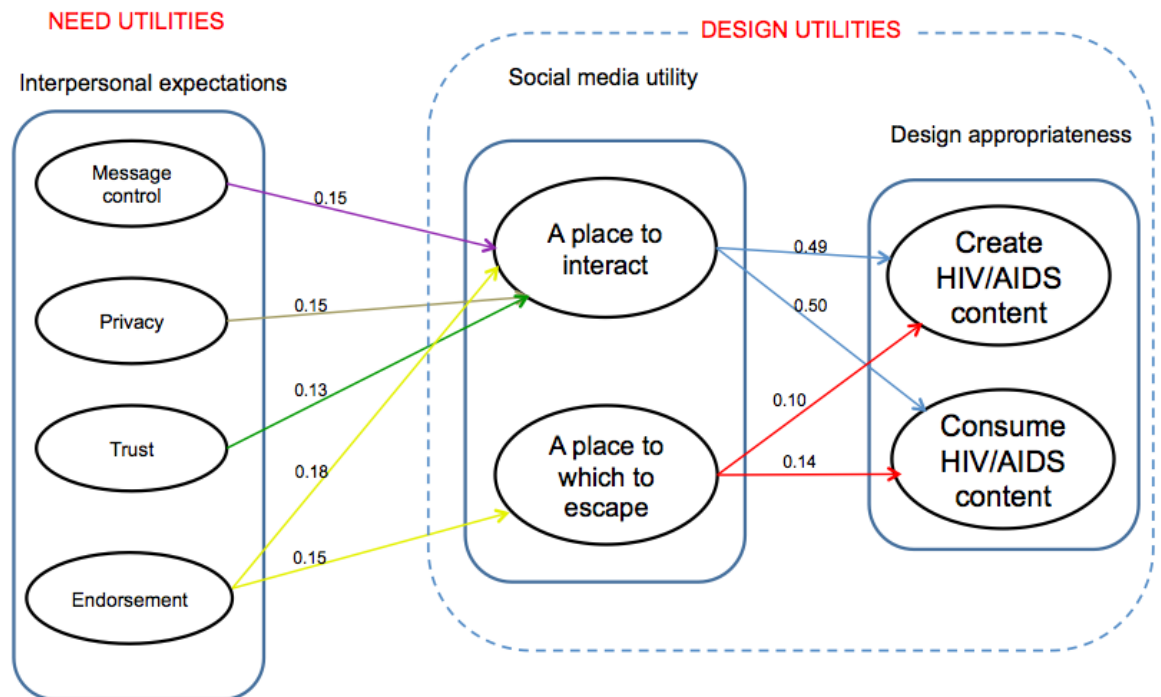
0 - <0.15 = weak

0.15-0.35 = moderate

>0.35 = strong

Figure 6.4 and Table 6.8 report the effect size values from the hypothesized theoretical model.

**Figure 6.4: Effect size values of the hypothesized theoretical model**



**Table 6.7: Effect sizes**

	$f^2$	Rating
<i>A place to interact</i>		
Control	0.15	Moderate
Privacy	0.15	Moderate
Trust	0.13	Weak
Endorse	0.18	Moderate
<i>A place to escape to</i>		
Endorse	0.15	Moderate
<i>Create HIV/AIDS content</i>		
A place to interact	0.49	Strong
A place to escape to	0.10	Weak
<i>Consume HIV/AIDS content</i>		
A place to interact	0.50	Strong
A place to escape to	0.14	Weak

As can be observed from Figure 6.4 and Table 6.8, the data reveal that *creating HIV/AIDS content* has a strong effect on social media as a *place to interact* ( $f^2 = 0.49$ ), and *consuming HIV/AIDS content* similarly has a strong effect on social media as a *place to interact* ( $f^2 = 0.50$ ). This means that the *design appropriateness* of

social media for the *creation* (49%) and *consumption of HIV/AIDS content* (50%) is significantly influenced by *social media's utility* of being a *place to interact*.

Furthermore, using social media to *interact* with communities with similar interests or values, measured a moderate effect ( $f^2 = 0.15$ ) on students' perception of their level of control over social media messages (*message control*). Likewise, using social media to *interact* with communities with similar interests or values, also moderately influence students' perception of their ability to control personal information ( $f^2 = 0.15$ ), on social media platforms (*privacy*). In addition, using social media to *interact* with communities with similar interests or values, measured moderate effects on the power that peer and/or celebrity *endorsement* has on social media participation ( $f^2 = 0.18$ ).

The hypothesized theoretical model also indicates that social media as a place to which to *escape*, yields a moderate effect ( $f^2 = 0.15$ ) on the power that peer and/or celebrity *endorsement* has on social media participation (15%). *Creating HIV/AIDS content* yielded weak effects with social media as a *place to which to escape* ( $f^2 = 0.10$ ), as did *consuming HIV/AIDS content* with *social media as a place to which to escape* ( $f^2 = 0.14$ ).

## 6.4 Conclusion

This chapter reports the key findings and data manipulation. The final sample data amounted to 991 respondents, comprising of 33,5% males and 66,5% females with a median age of 21 years. The *familiarity* and *a place to get information* constructs did not exhibit good reliability when the model was first tested in PLS, and these constructs were removed. The model was revised and the measurement model subjected to further reliability and validity testing. All items yielded satisfactory Cronbach alpha values of above 0.7, except for *create HIV/AIDS content* and *trust*, which yielded loadings marginally less than 0.7, but was retained in the model (Nunnally, 1978).

Convergent validity was also assessed satisfactorily, with all construct AVE's > 0.5. The correlation matrix confirmed that no cross-loadings exceeded the within row and column loadings. Furthermore, the measurement model exhibits construct validity using the Fornell-Larcker (1981) criterion.

Having confirmed the measurement model, the structural model was assessed. Based on the classification suggested by Chin (2010), the  $R^2$ -values indicated that the structural model moderately explains the variance in *consuming HIV/AIDS content* (30%) and *creating HIV/AIDS content* (28%). The results show that the model is furthermore weak in explaining the amount of variance in the *escape* ( $R^2 = 0.02$ ) and *interact* ( $R^2 = 0.16$ ) constructs, however, considering the assertion by Cohen (1988) that the variables are measuring human subjects within a behavioural sciences context, these variance values are considered acceptable.

The PLS path analysis revealed that all the hypothesized relationships failed to reject null and were supported. The hypothesized relationship between the perceived interpersonal expectations of *message control* (level of control one has over an online message being communicated with others via social media), *privacy* (the ability to control one's personal information in an online-networked context), *trust* (willingness to believe information, or the source of information, which one accesses in an online-networked context), and *endorsement* (the power of peer and/or celebrity endorsement on social media participation), all exhibited significant  $\beta$ - and  $t$ -statistic values with the social media design utility of being *a place to interact*, and thus indicate a significant relationship between this need and design utility.

The relationship between the need utility of *endorsement* and the social media utility of *a place to escape to* was also found to be significant, as did the social media utility, *a place to interact*, display a significant relationship with the social media design utilities of *creating* and *consuming HIV/AIDS content*. Similarly, the results revealed that the social media utility, *a place to which to escape*, exhibited a significant relationship with the social media design utilities of *creating* and *consuming HIV/AIDS content* respectively.

The effect sizes, using the Cohen (1988) criteria, were calculated for all the hypothesized paths. *Creating* (49%) and *consuming* (50%) *HIV/AIDS content* yields a strong effect on social media as *a place to interact*. The analysis furthermore showed that social media as *a place to interact* assert a moderate influence on students'

perceived social media need utilities to *control the online message, being able to control one's privacy online*, and being swayed to participate online based on peer and/or celebrity *endorsement of a message or cause*. Likewise, the utility of social media being a *place to which to escape* yielded a moderate effect on the need utility of *endorse*. *Creating and consuming HIV/AIDS content* yielded weak effects with social media as a *place to which to escape*, as did social media as a *place to interact* yield a weak effect with the need utility of *trusting information accessed online*.



## **CHAPTER SEVEN: CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS**

### **7.1 Introduction**

This chapter concludes with a detailed report of the research findings and offer recommendations for marketers and other research, wanting to explore the role of social media in HIV/AIDS communication. Possible gaps in literature are underlined and suggestions are put forward to address these. Lastly, this chapter also proposes certain areas for future research. Main conclusions derived from the study are presented next.

### **7.2 Conclusions**

Social media is new media that can be defined by either focusing on its social appeal as a medium for networking and connecting with others, its facilitative capability to share content with the connections in one's network, or based on its technological ability to interactively propagate information. As part of an integrated marketing communications approach, social media offers marketers a platform for collaboration and mainly act as a facilitative social interaction mechanism for individuals.

A lack of clear position or guidance on the use of social media tools in healthcare promotion, especially in South Africa, complicates the adoption of the medium for marketers of health messages wanting to use it. As a resource for information to students who use social media, marketers may be empowered to be a part of the real-time conversations that students are engaged in, as well as assist students to make better health choices.

Furthermore, the ease with which information can be disseminated is an additional perceived benefit to using the medium for HIV/AIDS communication. There is, however, also considerable risk involved. Issues of misinformation, trust, privacy and source validity were identified as potential limitations to the effective exchange of information.

The following gaps were identified in literature:

- Current research relating to advances in using social media for HIV/AIDS is mostly focused on social marketing practices and doesn't provide C2C or B2C strategies, to interlink and strengthen knowledge-building efforts.
- The majority of health marketing research is centered on delivering messages and not on addressing an audience's needs from the communication channel, which is used to convey the message.
- There is currently seemingly no existing research evaluating the relationship between a specific audience's perceived need utilities and the design utilities of social media, within a specified context.
- Research assessing the impact of social media communication on HIV/AIDS in South Africa, whether concerned with behavioural impact or knowledge-building experience, is lacking.
- The principal areas of focus for the channel expansion and media richness theories are communication topic, -partners and medium. The context and ability of the medium to accomplish certain interpersonal expectations, which would affect one's perception of that medium, are not accounted for.
- There is currently no formalized model that evaluates user perception of social media for health-related marketing.

#### *7.2.1 Primary research question*

##### *Student perceptions of the role of social media in HIV/AIDS communication*

In answering the primary research question, it is noted that social media is currently generally heavily used by students for activities and purposes, which are mostly socially motivated. The various social media platforms and applications available are however appropriated to different communication tasks and used in varying contexts. At the time of the study, there was limited reported use of social media platforms with an HIV/AIDS focus among students. Awareness of social media platforms with a health or HIV/AIDS communication emphasis was also reported as minimal among students.

Prior to the focus group discussions, students reported having limited recollection or exposure to HIV/AIDS communication and marketing campaigns through means of social media. The focus group discussions did however give them an opportunity to reflect on its role and lead to the identification of two additional factors, which could influence student perception of the role of social media in HIV/AIDS communication:

a. *Endorsement*, as an interpersonal expectation of social media

Similar to what is conceivably experienced in an offline context, students are influenced by peers or influential public figures, when choosing to participate, or not, online. This is aligned with the notion of social influencers – key individuals who possess the ability to exert online participation power over others. Students will thus mostly only engage in a social media conversation relating to HIV/AIDS, if they can potentially gain social capital from the participation.

Based on the empirical findings, social media has not yet been fully utilized to bring about social change in an HIV/AIDS context in South Africa. However, based on the principle of endorsed messaging and social influencers propagating information, the findings indicate that social media has the potential to affect change in pressing social issues. Endorsement was furthermore found to be positively associated with the perception that social media is a place to which to escape. As an interpersonal expectation, or *need utility*, endorsement was observed to moderately effect student perceptions of the *design utility* of social media as a place to interact. Endorsement thus positively affect student perception that social media is a place to which to interact on the topic of HIV/AIDS.

b. *Escapism*, as a social media utility

The empirical findings revealed that social media usage as a form of escapism, could be flexed in three different ways, depending on one's frames of reference:

- Engaging in social media to escape from one's reality
- Engaging in social media as a way to escape from what you are currently doing
- Forgetting about your surroundings and time when engaging in social media

It is interesting to note that male focus group participants initially indicated that they perceived social media as a form of escapism, the quantitative results indicated that

almost a third of female students (27%), use social media as a form of escapism. One might stand to argue that the results are biased as the sample consisted of a majority of females (66,5%), but the fact that two thirds of the respondents who participated were female, in fact, further strengthens the proposition that females frequent social media platforms more often than males, as a form of escapism.

In addition, the results from the theoretical model suggests that social media, as a place to which to escape, drives both the creation and consumption of content. However, it is interesting to note that as a *social media utility* within the framework of *design utilities*, the perception of escapism, which initially was posited to be negatively associated with the *design appropriateness* of social media for HIV/AIDS content creation and consumption behaviour, contributes to a positive perception.

### *c. Other contributing factors*

Additional factors, which could contribute to either a positive or negative perception toward the role of social media for HIV/AIDS communication, were first identified through the literature reviewed, then confirmed as a result of the focus groups, and further validated through the theoretical model. These factors are *message control* (the level of control over an online message being communicated with others via social media); *privacy* (the ability to control one's personal information in an online-networked context); *trust* (willingness to believe information, or the source of information, which one accesses in an online-networked context); and *endorsement* (the power of peer and/or celebrity endorsement on social media participation).

The factors message control, privacy, trust and endorsement were collectively characterized as interpersonal expectations or the *need utilities* that students have of social media. Based on the hypotheses it was found that message control, privacy, trust and endorsement are all positively associated with the perception that social media is a place to interact with others. The results indicate that the *need utilities* of message control, privacy and endorsement all respectively have a moderate effect on the *design utility* of social media as a place to interact with others. The more students thus have control over the message and their privacy on social media, the more they perceive the medium to be a place on which to interact on the topic of HIV/AIDS. Likewise, if the content is endorsed either by a peer or a celebrity held in high regard, students similarly perceive the medium to be a place on which to interact on the topic of HIV/AIDS.

It was expected that the focus group findings would echo literature assertions that social media is perceived as a place to interact. Further to this, the empirical findings confirmed that students innately perceive social media to be purposed for social and leisurely purposes, and that employing the medium to communicate about a still stigmatized subject, such as HIV/AIDS, would be perceived as inappropriate. Most surprisingly thus, and in stark contrast to the empirical findings, the theoretical model reveals that *social media's utility* as a place to interact has a strong effect on social media's *design appropriateness* for HIV/AIDS content creation. Likewise, the model also demonstrates that *social media's utility* as a place to interact, has a strong effect on social media's *design appropriateness* for HIV/AIDS content consumption. In addition, the perception that social media is a place to interact is both positively associated with HIV/AIDS content creation behaviour, as well as content consumption behaviour.

#### *7.2.2 Secondary research questions*

*Are university students using social media platforms to consume, create or disseminate information on HIV/AIDS?*

Thus, in answering the secondary research questions, the empirical findings indicate that although university students report not using social media platforms to consume, create or disseminate HIV/AIDS information, the theoretical model indicates that, as hypothesized, need utilities (interpersonal expectations) drive social media utility, and social media utility is furthermore positively associated with the design appropriateness of social media, for HIV/AIDS communication.

Students thus report that they do not currently use social media platforms to consume, create or disseminate information on HIV/AIDS, but they do regard the design of the medium to be conducive to the consumption and creation of HIV/AIDS content.

The following section presents recommendations, based on the findings from the research.

## 7.3 Recommendations

### *7.3.1 Recommendations based on conclusions from study*

In an effort to increase the impact and effectiveness of HIV/AIDS or health-related communication to high-risk and priority groups, marketers of this communication should first and foremost focus on the needs of the audience, especially when considering which marketing communications medium to use for message delivery. As suggested by the channel expansion theory, various motivators and enablers come into play when appropriating a communication medium for a particular communication task.

In addition to considering relevant key experiences with a communication channel, as proposed in the channel expansion theory, this study proposes that the situational context in which the communication takes place should also be taken into consideration and accounted for, as context could significantly influence the perception of medium appropriateness to the communication task.

More specific to the design appropriateness of social media for various marketing communication purposes, marketers of HIV/AIDS communication should consider the appropriateness of each platform to facilitate the creation and consumption of content in context, by establishing to what degree the platform enables user interaction. As active social media users, students are very aware of the communication context for which the various platforms are appropriated to. It is important to note that sheer number of users does not necessarily constitute impact or effectiveness. Thus, the quality of the interaction, especially in this context, would be of utmost importance.

Furthermore, when evaluating the appropriateness of a communication medium for a context-specific communication task, it is also important to consider and manage the target audience's perception of that specific medium. The user needs of privacy and trust in the authenticity and reliability of information would need to be addressed as part of the strategic framework in the messaging strategy.

As students perceive the social media attribute of open access to negatively impact its effectiveness for HIV/AIDS communication, the design of the communication medium should enable the user to choose how visible their online interaction and

personal detail are. This would also mediate student apprehension about their ability to control the message once it has been shared online. In addition, marketers should furthermore consider how user privacy could be managed. To ensure that the information being exchanged is reliable and valid, the exchanges would need to be monitored.

As ascertained from the identified social media attributes, which students perceived to either be beneficial to, or limiting effective HIV/AIDS communication, students are cautiously mindful of the information that they distribute via social media platforms. If the information does not seemingly lead to social capital gain, they are more than likely to actively disengage themselves from both the communication medium and the message. Marketers of health or HIV/AIDS-related communication should thus seek to utilize social media attributes perceived as beneficial, to reach students. With the over-arching student perception, as per the focus group findings, that social media is used for “fun”, marketers could work towards presenting HIV/AIDS information in such a way that the engagement does not seem didactic, but rather encouraging of a positive experience.

On the basis of the social influence principle, marketers could flex celebrity or peer message endorsement to both affect student perception and encourage student participation. In a health - and HIV/AIDS communication context, marketers can use social media for support and to improve health literacy. Targeted campaigns can be implemented by viewing members’ identified online preferences, which are made public on their profile pages. It is however important to still maintain and protect the privacy and confidentiality of users.

Recommendations for marketers of HIV/AIDS messages or health promotion are grouped into two main areas – strategy development, and monitoring and evaluation. The following sections will expand on these recommendations in more detail.

### *7.3.2 Recommendations for strategy development*

First and foremost marketers of HIV/AIDS messages should clearly outline the purpose or objective of the communication. As gauged from specifically the qualitative data, students are weary of, and report information overload when engaged on the topic of HIV/AIDS-related messaging. Although this research was not directly concerned with what the HIV/AIDS communication would endeavour to

achieve – education, behaviour change, or awareness – clearly defined communication objectives are pivotal to strategy development.

Once the purpose of the HIV/AIDS communication has been outlined, a messaging hierarchy consisting of the key messages to convey, should be collated. A messaging hierarchy would not only assist in identifying what the essence of the messaging should be, but would also provide a clearer idea of how these would need to be prioritized and structured, as well as which social media platform would be best suited to convey each message. Well-formulated messages are imperative to a meaningful messaging hierarchy. Messages relating to HIV/AIDS communication cannot be ambiguous, and marketers could pilot their messaging to ensure that the meaning is well understood and clear.

Not everyone uses social media, thus marketers of health or HIV/AIDS communication need to consider the overall communication strategy and use social media as part of the larger communication efforts. It would be imperative to ensure that social media support the other communication objectives and activities.

It is important to listen to the online conversations of the target audience, to first establish what information they are seeking and secondly, establish whether they are finding it. Existing data monitoring tools can be employed to keep track and survey which health-related topics are most commonly shared on which social media platforms. Once marketers can get a sense of what communication tools their target audience is already using, channel selection and more specifically, social media platform selection can commence. Different audiences display different online behaviours, thus it would be crucial to consider how a specific audience provide and receive information online, to align the strategy accordingly.

Where there is uncertainty or a lack in guidance on which social media tools or platforms to use for healthcare promotion, the decision should be driven by data and based on the most frequented and active channels. To increase visibility and impact, marketers should go where the conversation is already taking place. Thus, focusing marketing efforts on specific social media platforms, which show evidence of conversations around health-related issues. Alternatively, based on the findings of the study, the strategy could be to utilize audience-endorsed peers or celebrities, in which case these individuals could employ the social media platforms with which



they are most comfortable or have the biggest following, to communicate the message.

The measurement of strategic objectives, i.e. the metrics, needs to be clear. Before implementation, there should be a standard of measurement as reference to gauge whether the strategic objectives have been met and whether the engagement has made any impact.

### *7.3.3 Recommendations for monitoring and evaluation of communication*

At the onset it is important to set specific, measurable and achievable social media objectives. Monitoring and evaluation can be done by use of either quantitative or qualitative measures. Quantitative measure would include tracking the number of “followers” or “likes” that a message has received, or monitoring the number of times a message was “shared” or “re-tweeted”. It could be as simple as measuring the number of people that participate in an online chat.

Qualitative measures need to consider the conversation and context – what are the users saying, is it relevant and are they actively engaged? When evaluating by means of qualitative measures, it is important to consider that meaningful engagements may outweigh quantity, especially when the subject matter is of sensitive nature.

## **7.4 Limitations of the study**

This study is exploratory in nature and the results should only be generalized with caution. The data was only collected in South Africa, and country-specific factors relating to using social media to convey messages of perceived sensitive nature cannot be ignored.

When employing surveys, one relies on self-reporting of the respondents, which may introduce an error in the true nature of findings. The data collected via survey may also not be as wide-ranging, due to the limitation of questions that a questionnaire can contain when relying on respondents’ goodwill to answer.

The context of the study, and the fact that it takes students’ current perception in a specific life stage in a specific setting (such as university) into consideration, implies

that it is representative of perception at a specific point in time. The research will thus not represent a long-term view of students' perception.

Student and tertiary institutional consent to participate in this study was imperative. Thus, only students and tertiary institutions that consented to participate, were surveyed. Due to the sensitive nature of the research context of HIV/AIDS, all participating students and tertiary institutions had to be fully informed, which, in the context of online research, related to consent materials being easily and visibly available online, in order to be accessed quickly on multiple places regardless of proximity.

The sensitive nature of the research may have resulted in respondents not wanting to participate in the study or not completing all the questions, in which case the online questionnaire was designed to compensate for omissions in order to counteract biased data. The study is limited to university students enrolled between the ages of 18 to 24, for full-time study at one of the tertiary institutions, which make up part of this age group within South Africa.

Although the study aimed to mainly focus on students from the specified universities, the rapid spread of information via social media could have lead to students from outside these institutions participating. The respondents who participated in the study were not limited to specific fields of tertiary study, degree or qualification.

The research holistically focused on social media as a communication channel to convey HIV/AIDS messages, and 'channel noise' or other divergent media that play into social media were not principally focused on but could inadvertently have contributed to the respondents' perception.

Technology convergence is dynamic and interrelated and social media technology constantly integrates with traditional and other media forms. Keeping this in mind, it may be difficult to single out HIV/AIDS communication by way of social media alone.

The study based all social media platform questions off students' Facebook usage. Being mindful of the various platforms and the different purposes or objectives for which these platforms are employed, the results should only be generalized with caution.

## **7.5 Recommendations for future research**

As this research was limited to specific objectives within the bigger reference of social media marketing and HIV/AIDS communication, the following section serves as recommendations for future research within this segment.

Observational studies or randomized control trials could focus on determining the relative effectiveness of different types of social media for health communication, i.e. building on the particular strengths of each respective platform in order to contextually establish its potential for effective communication. This may contribute to more knowledge on the potential of the various applications and platforms, as well as their capability to effectively monitor or enhance the quality and reliability of health- and HIV/AIDS communication.

To establish a best-practice standard, future research could furthermore explore the development of social media policy to create a universal expectation guideline of online behaviour and conduct in a health-related context. A comprehensive evaluation and review of existing social media applications for health communication is necessary to ascertain whether the medium advances and improves HIV/AIDS communication practice in both the short and long terms.

Research exploring the concepts of social influence as the objective, social capital as the product and social change as the target of marketing communications using social media, may additionally yield interesting results from which various social as well as commercial marketing disciplines may gain value. This could furthermore be segmented, by reviewing whether an individual's social capital is affected by engaging in social change efforts online, or whether offline behaviour of a social influencer affects the user's online social influence.

With advances in and potential applications of social media pervading all spheres of human communication, more research assessing its influence and contribution to effective communication is warranted.

## **LIST OF REFERENCES**

- AAKER, D. A. & MYERS, J. G. 1986. *Advertising Management*. New Delhi: Prentice Hall.
- ABRAMS, D. & HOGG, M. A. 1990. Social identification, self-categorization and social influence. *European Review of Social Psychology*, 1(1): 195-228.
- ABROMS, L. C. & MAIBACH, E. W. 2008. The Effectiveness of Mass Communication to Change Public Behavior. *Annual Review of Public Health*, 29: 219-234.
- ACQUISITI, A. & GROSS, R. 2006. Imagined communities: Awareness, information sharing, and privacy on the Facebook. (In Golle, P & Danezis, G. (eds.). *Proceedings of the 6<sup>th</sup> workshop on privacy enhancing technologies*. Cambridge, UK: Robinson College. p. 36-58.)
- AIRHIHENBUWA, C. O. & OBREGON, R. 2000. A critical assessment of theories/models used in health communication for HIV/AIDS. *Journal of Health Communication*, 5 (Supplement): 5-15.
- AJJAN, H. & HARTSHORNE, R. 2008. Investigating faculty decisions to adopt Web 2.0 technologies: Theory and empirical tests. *Internet and Higher Education*, 11: 71-80.
- ANAND, P. & STERNTHAL, B. 1990. Ease of message processing as a moderator of repetition effects in advertising. *Journal of Marketing Research*, 27: 345-353.
- ANANDARAJAN, M., ZAMAN, M., DAI, Q. & ARINZE, B. 2010. Generation Y adoption of instant messaging: An examination of the impact of social usefulness and media richness on use richness. *IEEE Transactions on Professional Communication*, 53(2): 132-143.
- ATKINSON, N. L., SAPERSTEIN, S. L. & PLEIS, J. 2009. Using the Internet for health-related activities: findings from a national probability sample. *Journal of Medical Internet Research*, 11(1): e4.
- AURÉLIE, G. & FALLERY, B. 2009. E-recruitment: new practices, new issues. An exploratory study. *Human Resource Information system*: 39-48.
- BAGOZZI, R. P. & DHOLAKIA, U. M. 2002. Intentional social action in virtual communities. *Journal of Interactive Marketing*, 16(2): 2-21.

- BAGOZZI, R. P. & PHILLIPS, L. 1982. Representing and testing organizational theories: a holistic construal. *Administrative Science Quarterly*, 27: 459-489.
- BAGOZZI, R. P. & YI, Y. 1988. On the evaluation of structural equation models. *The Journal of the Academy of Marketing Science*, 16(1): 74-94.
- BAGOZZI, R. P., YI, Y. & PHILLIPS, L. W. 1991. Assessing construct validity in organizational research. *Administrative Science Quarterly*, 36: 421-458.
- BANDURA, A. 1982. Self-efficacy mechanism in human agency. *American Psychologist*, 37: 122-147.
- BANDURA, A. 1989. Social Cognitive Theory. (In Vasta, R. (ed.), *Annals of Child Development, Volume 6, Six theories of child development*. Greenwich, CT: JAI Press. p.1-60.)
- BANNING, S. & SWEETSER, K. D. 2007. How much do they think it affects and whom do they believe?: Comparing third-person effect and credibility of blogs and traditional media. *Communication Quarterly*, 55: 451-466.
- BARKHUUS, L. & TASHIRO, J. 2010. Student Socialization in the Age of Facebook. *Organizations and Communities*. Atlanta, GA, USA, April 10–15.
- BAUN, D. & GROEPEL-KLEIN, A. 2003. Joy and surprise as guides to a better understanding of impulse buying behaviour (In Turley, D., & Brown, S. (eds.), *European Advances in Consumer Research, Volume 6*. Provo, UT: Association for Consumer Research. p.290-299).
- BAYM, N. K., ZHANG, Y. B. & LIN, M. -C. 2004. Social interactions across media. *New Media & Society*, 6(3): 299-318.
- BEAUMONT, V. 2011. HIV: students urged to take the test. February. [ONLINE] Available: <http://www.southafrica.info/about/health/varsityhiv-150211.html> [Accessed 15 February 2011].
- BENNETT, G. G. & GLASGOW, R. E. 2009. The Delivery of Public Health Interventions via the Internet: Actualizing Their Potential. *Annual Review of Public Health*. 30: 273-292.
- BERINATO, S. 2010. Six ways to find value in Twitter's noise. *Harvard Business Review*, 88(6): 34-35.
- BERRY, J. & KELLER, E. 2003. *The influentials: one American in ten tells the other nine how to vote, where to eat, and what to buy*. New York: Free Press.

BLACKSHAW, P. & NAZZARO, M. 2006. *Consumer-generated media (CGM) 101: Word-of-mouth in the age of the web-fortified consumer*. New York: Nielsen BuzzMetrics.

BLACKSHAW, P. 2006. The consumer-controlled surveillance culture. January. [ONLINE] Available: <http://www.clickz.com/clickz/column/1706163/the-consumer-controlled-surveillance-culture> [Accessed 12 August 2012].

BOßOW-THIES, S. & ALBERS, S. 2010. Application of PLS in Marketing: Content strategies on the Internet. (In Esposito Vinzi, V., Chin, W. W., Henseler, J., & Wang, H. (eds.), *Handbook of Partial Least Squares*. Springer-Verlag, Berlin: Heidelberg. p. 589-604.)

BOTHA, J., STRYDOM, J. & BRINK, A. 2007. *Introduction to Marketing*. 3<sup>rd</sup> ed. Cape Town: Juta and Company Ltd.

BOYD, D. M. & ELLISON, N. B. 2008. Social network sites: definition, history, and scholarship. *Journal of Computer-Mediated Communication*, 13: 210-230.

BOYD, D. 2007. Why Youth (Heart) Social Network Sites: The Role of Networked Publics in Teenage Social Life. *MacArthur Foundation Series on Digital Learning – Youth, Identity, and Digital Media Volume* (ed. David Buckingham). Cambridge, MA: MIT Press.

BOYD, D. 2008. Facebook's Privacy Trainwreck: Exposure, Invasion and Social Convergence. *The International Journal of Research into New Media Technologies*. 14: 13-20.

BRIONES, R. L., KUCH, B., LIU, B. F. & JIN, Y. 2011. Keeping up with the digital age: How the American Red Cross uses social media to build relationships. *Public Relations Review*, 37: 37-43.

BRISTOL, T. & FERN, E. F. 2003. The effects of interaction on consumer's attitudes in focus groups. *Psychology & Marketing*, 20(5): 433-454.

BRODALSKI, D., BRINK, H., CURTIS, J., DIAZ, S., SCHINDELAR, J., SHANNON, C. & WOLFSON, C. (ed.). 2011. *The health communicator's social media toolkit*. U.S. Centers for Disease Control and Prevention. [ONLINE]. Available: [http://www.cdc.gov/socialmedia/tools/guidelines/pdf/socialmediatoolkit\\_bm.pdf](http://www.cdc.gov/socialmedia/tools/guidelines/pdf/socialmediatoolkit_bm.pdf) [Accessed 9 November 2011].

BROUWER, W., OENEMA, A., CRUTZEN, R., DE NOOIJER, J., DE VRIES, N. K. & BRUG, J. 2009. What makes people decide to visit and use an internet-delivered

behavior-change intervention? A qualitative study among adults. *Health Education*. 109(6): 460-473.

BROWN, G. 2014. *The mobile youth: Voices of the mobile generation*. Available from Amazon.com [Accessed 21 May 2014].

BROWNING, L., GERLICH, R. N. & WESTERMANN, L. 2011. The new HD Classroom: A "Hyper Diverse" approach to engaging with students. *Journal of Instructional Pedagogies*, 1-10.

BUCHANAN, T., PAINE, C., JOINSON, A. N. & REIPS, U. -D. 2007. Development of measures of online privacy concern and protection for use on the Internet. *Journal of the American Society for Information Science and Technology*, 58(2): 157-165.

BUHALIS, D. & LAW, R. 2008. Progress in information technology and tourism management: 20 years on and 10 years after the Internet – the state of eTourism research. *Tourism Management*, 29(4): 609-623.

BULL, S. S., BRESLIN, L. T., WRIGHT, E. E., BLACK, S. R. LEVINE, D. & SANTELLI, J. S. 2010. Case Study: An Ethics Case Study of HIV Prevention Research on Facebook: The Just/Us Study. *Journal of Pediatric Psychology*, 36(10): 1082-1092.

BURTON-JONES, A. & HUBONA, G. 2006. The mediation of external variables in the technology acceptance model. *Information Management*, 43(6): 706-717.

BUYSSCHAERT, P. 2009. *Assessing the opportunities and the pertinence of eHealth in developing countries, unit ICT for health*. European Commission: Information Society and Media.

CALDER, B. J. 1977. Focus groups and the nature of qualitative marketing research. *Journal of Marketing Research*, 14(3): 353-364.

CAMPBELL, D. T. & FISKE, D. W. 1959. Convergent and discriminant validation by the multitrait-multimethod matrix. *Psychology Bulletin*, 56(2): 81-105.

CAMPBELL, D. E. & WRIGHT, R. T. 2008. Shut-up I don't care: Understanding the role of relevance and interactivity on customer attitudes toward repetitive online advertising. *Journal of Electronic Commerce Research*, 9(1): 62-76.

CANT, M. C., BRINK, A. & BRIJBALL, S. 2006. *Consumer Behaviour*, Cape Town: Juta & Co.

CARDEY, S. 2006. From behaviour change to social change: Planning

communication strategies for HIV/AIDS. *Proceedings of the International Association for Mass Communication Research*, Cairo, 23-29 July 2006, p.5. Egypt: The American University in Cairo.

CARLSON, J. R. & ZMUD, R. W. 1999. Channel Expansion Theory and the Experiential Nature of Media Richness Perceptions. *Academy of Management Journal*. 42(2): 153-170.

CASSELL, M. M., JACKSON, C. & CHEUVRONT, B. 1998. Health communication on the Internet: an effective channel for health behavior change? *Journal of Health Communication*, 3: 71-79.

CENTOLA, D. 2010. The spread of behavior in an online social network experiment. *Science*, 329: 1194-1197.

CHENG, A., & EVANS, M. 2009. *An in-depth look at the 5% of most active users*, Sysomos Research Library. [ONLINE]. Available: <http://www.sysomos.com/insidetwitter/mostactiveusers> [Accessed 9 August 2011].

CHETTY, D. & MICHEL, B. 2005. *Turning the tide: A strategic response to HIV and AIDS in South African Higher Education: HEAIDS Programme Report 2002-2004*. SAUVCA, Pretoria: Sunnyside.

CHIA, S. C. & LEE, W. 2008. Pluralistic ignorance about sex: the direct and indirect effects of media consumption on college students' misperception of sex-related peer norms. *International Journal of Public Opinion Research*, 20(1): 52-73.

CHIB, A. I., LWIN, M. O., LEE, Z., NG, V. W. & WONG, P. H. P. 2010. Learning AIDS in Singapore: Examining the Effectiveness of HIV/AIDS Efficacy Messages for Adolescents Using ICTs. *Knowledge Management & E-Learning: An International Journal*, 2(2): 169-187.

CHIN, W. W. & DIBBERN, J. 2010. An introduction to a permutation based procedure for multi-group PLS analysis: results of these of differences on simulated data and a cross cultural analysis of the sourcing of information system services between Germany and the USA. (In Esposito Vinzi, V., Chin, W. W., Henseler, J., & Wang, H. F. (eds.), *Handbook of Partial Least Squares: Concepts, Methods and Applications in Marketing and Related Fields*. Springer-Verlag: Berlin. p.171-193.)

CHIN, W. W. 1998. The Partial Least Squares Approach for Structural Equation Modeling. (In Marcoulides, G. A. (ed.), *Modern Methods for Business Research*. Lawrence Erlbaum Associates: London. p.295-336.)



- CHIN, W. W. 2010. How to write up and report PLS analyses. (In Esposito Vinzi, V., Chin, W. W., Henseler, J., & Wang, H. F. (eds.), *Handbook of Partial Least Squares: Concepts, Methods and Applications in Marketing and Related Fields*. Springer-Verlag: Berlin. p.655-690.)
- CHISHOLM, L. 2009. Throw open your doors. *Marketing Magazine*, 68-69. May.
- CHOU S. C., HUNT, Y. M., BECKJORD, E. B., MOSER, R. P. & HESSE, B. W. 2009. Social Media Use in the United States: Implications for Health Communication. *Journal of Medical Internet Research*, 11(4): e48.
- CHURCHILL, G. 1979. A paradigm for developing better measures of marketing constructs. *Journal of Marketing Research*, 16(1): 64-73.
- CLINE, R. J. & HAYNES, K. M. 2001. Consumer health information seeking on the internet: the state of the art. *Health Education Research*, 16(6): 671-692.
- COHEN, J. 1988. *Statistical power analysis for the behavioral sciences*. Hillsdale, NJ: Lawrence Erlbaum.
- COMPEAU, D. & HIGGINS, C. 1995. Computer self-efficacy: Development of a measure and initial test. *MIS Quarterly*, 25: 189-211.
- CONSTANTINIDES, E. & FOUNTAIN, S. J. 2008. Web 2.0: Conceptual foundations and marketing issues. *Journal of Direct, Data and Digital Marketing Practice*, 9(3): 231-244.
- CONSTANTINIDES, E., ROMERO, C. L. & GÓMEZ BORJA, M. A. 2008. Social media: A new frontier for Retailers? *European Retail Research*, 22: 1-28.
- COOKE, M. & BUCKLEY, N. 2008. Web 2.0, social networks and the future of market research. *International Journal of Market Research*. 50(2): 267-292.
- COOPER, D. R. & SCHINDLER, P. S. 2006. *Business Research Methods*. New York: McCraw-Hill, Inc.
- CORREA, T., HINSLEY, A. W. & DE ZÚÑIGA, H. G. 2010. Who interacts on the Web?: The intersection of users' personality and social media use. *Computers in Human Behavior*, 26: 247-253.
- CRANSTON, P. & DAVIES, T. 2009. Future Connect: Social Networking and AIDS Communication. Research paper commissioned by the *Communication for Social Change Consortium for the aids2031 Initiative*.
- CRONBACH, L. J. 1951. Coefficient alpha and the internal structure of tests.

*Psychmetrika*, 16(3): 297-334.

CRUTZEN, R., DE NOOIJER, J. BROUWER, W. OENEMA, A. BRUG, J. & DE VRIES, N. K. 2008. Internet-delivered interventions aimed at adolescents: a Delphi study on dissemination and exposure. *Health education research*. 23(3): 427-439.

CRUTZEN, R., DE NOOIJER, J., BROUWER, W., OENEMA, A., BRUG, J. & DE VRIES, N. K. 2011. Strategies to Facilitate Exposure to Internet-Delivered Health Behavior Change Interventions Aimed at Adolescents or Young Adults: A Systematic Review. *Health Education & Behavior*. 38(1): 49-62.

CUGELMAN, B. 2010. *Online Social Marketing: Website Factors in Behavioural Change*. (PhD thesis).

CUGELMAN, B., THELWALL, M. & DAWES, P. 2009. The dimensions of web site credibility and their relation to active trust and behavioural impact. *Communications of the Association for Information Systems*. 24(26): 455-472.

CUMMINGS, J. N., LEE, J. B. & KRAUT, R. 2006. Communication technology and friendship during the transition from high school to college. (In Kraut, R. E., Brynin, N., Kiesler, S. (eds.), *Computers, Phones, and the Internet: Domesticating Information Technology*. Oxford University Press: Oxford. p. 295-336.)

D'URSO, S. & RAINS, S. A. 2008. Examining the scope of channel expansion: A test of channel expansion theory with new and traditional communication media. *Management Communication Quarterly*, 21(4): 1-20.

DAFT, R. L. & LENGEL, R. H. 1986. Organizational information requirements, media richness and structural design. *Management Science*, 32 (5): 554–571.

DANAHAR, P. J. & ROSSITER, J. R. 2011. Comparing perceptions of marketing communication channels. *European Journal of Marketing*, 42(1): 6-42.

DAVIS, F. D., BAGOZZI, R. P. & WARSHAW, P. R. 1989. User acceptance of computer technology: A comparison of two theoretical models. *Management Science*, 35: 982-1003.

DE LONGUEVILLE, B., SMITH, R. S. & LURASCHI, G. 2009. "OMG, from here, I can see the flames!": A use case of mining location based social networks to acquire spatio-temporal data on forest fires. *Proceedings of LBSN '09*, p.73-80.

DEANDREA, D. C., ELLISON, N. B., LAROSE, R., STEINFELD, C. & FIORE, A. 2012. Serious social media: on the use of social media for improving students'

- adjustment to college. *Internet and Higher Education*, 15: 15-23.
- DELUCA, D. C., GASSON, S. & KOCK, N. 2006. Adaptations that virtual teams make so that complex tasks can be performed using simple e-collaboration technologies. *International Journal of e-Collaboration*, 2(3): 65-91.
- DHOLAKIA, U. M., BAGOZZI, R. P. & PEARO, L. K. 2004. A social influence model of consumer participation in network- and small-group-based virtual communities. *International Journal of Research in Marketing*. 21, 241-263.
- DIAZ-BORDENAVE, J. E. 1977. *Communication and rural development*. Paris: UNESCO.
- DONNER, J., GITAU, S. & MARSDEN, G. 2011. Exploring mobile-only Internet use: Results of a training study in urban South Africa. *International Journal of Communication*, 5: 24.
- DRURY, G. 2008. Opinion piece: Social media: Should marketers engage and how can it be done effectively? *Journal of Direct, Data and Digital Marketing Practice*, 9(3): 274-277.
- DUNN, H. S. & JOHNSON-BROWN, S. 2008. Information literacies and digital empowerment in the global south. *Report prepared for UNESCO and the IAMCR 50<sup>th</sup> Anniversary Conference*, Paris, July, p.78-102.
- DWYER, P. 2007. Measuring the value of electronic word-of-mouth and its impact in consumer communities. *Journal of Interactive Marketing*, 21(2): 63-79.
- DWYER, C., HILTZ, S. R. & PASSERINI, K. 2007. Trust and privacy concern within social networking sites: A comparison of Facebook and MySpace. *Proceedings of AMCIS 2007*, Keystone: CO.
- EARLE, P., GUY, M., BUCKMASTER, R., OSTRUM, C., HORVATH, S. & VAUGHAN, A. 2010. OMG Earthquake! Can twitter improve earthquake response? *Seismological Research Letters*, 81(2): 246-251, March/April.
- EL-SHINNAWY, M. & MARKUS, M. L. 1997. The poverty of Media Richness Theory: Explaining people's choice of electronic media vs. voice mail. *International Journal of Human Computer Studies*, 46(4): 443-468.
- ELLISON, N. B., STEINFELD, C. & LAMPE, C. 2007. The Benefits of Facebook "Friends:" Social Capital and College Students' Use of Online Social Network Sites. *Journal of Computer-Mediated Communication*. 12, 1143-1168.

ERDOGAN, Z. B., BAKER, M. J. & TAGG, S. 2001. Selecting celebrity endorses: the practitioner's perspective. *Journal of Advertising Research*, 41(3): 39-48.

ERICKSON, T. & KELLOGG, W. A. 2002. Social translucence: Designing systems that support social processes. (In Carroll, J. (ed.), *Human-Computer Interaction in the New Millennium*. New York: ACM Press. p. 325-345.)

ESPOSITO VINZI, V., TRINCHERA, L. & AMATO, S. 2010. PLS Path Modeling: From foundations to recent developments and open issues for model assessment and improvement. (In Esposito Vinzi, V., Chin, W. W., Henseler, J. & Wang, H. F. (eds.), *Handbook of Partial Least Squares: Concepts, Methods and Applications in Marketing and related fields*. Berlin: Springer: Verlag. p. 47-82.)

EVANS, W. D. 2008. Social marketing campaigns and children's media use. *The Future of Children*, 18(1): 181-203, Spring.

EVANS, W. D., DAVIS, K. C. & ZHANG, Y. 2008. Health Communication and Marketing Research with New Media: Case Study of the Parents Speak Up National Campaign Evaluation. *Cases in Public Health Communication & Marketing*. 2, 140-158.

EYRICH, N., PADMAN, M. L. & SWEETSER, K. D. 2008. PR practitioners' use of social media tools and communication technology. *Public Relations Review*, 34(4): 412-414.

EYSENBACH, G. & KÖHLER, C. 2002. How do consumers search for and appraise health information on the world wide web? Qualitative study using focus groups, usability tests, and in-depth interviews. *British Medical Journal*. 324: 573-577.

EYSENBACH, G. 2001. What is e-health? *Journal of Medical Internet Research*, 3(2): e20.

EYSENBACH, G. 2003. SARS and population health technology. *Journal of Medical Internet Research*, 5(2): 314.

EYSENBACH, G. 2008. Medicine 2.0: social networking, collaboration, participation, apomediation, and openness. *Journal of Medical Internet Research*, 10(3): e22.

EYSENBACH, G., POWELL, J., KUSS, O. & SA, E. R. 2002. Empirical studies assessing the quality of health information for consumers on the World Wide Web: a systematic review. *JAMA*, 287: 2691-2700.

FAMILY HEALTH INTERNATIONAL. 2003. *Implementing AIDS prevention and care*.

FERGUSON, T. & FRYDMAN, G. 2004. The first generation of e-patients. *British Medical Journal*, 328: 1148.

FERGUSON, T. 2007. e-Patients: How they can help us heal healthcare, e-Patients scholars working group white-paper. [ONLINE]. Available: [http://e-patients.net/e-Patients\\_White\\_Paper.pdf](http://e-patients.net/e-Patients_White_Paper.pdf) [Accessed 7 September 2011].

FERNANDEZ-LUQUE, L., ELAHI, N. & GRAJALES, F. J. 2009. An analysis of personal medical information disclosed in YouTube videos created by patients with multiple sclerosis. *Study of Health Technological Information*, 150: 292-296.

FERRY, D., KYDD, C T. & SAWYER, J. E. 2001. Measuring facts of media richness. *Journal of Computer Information Systems*, 41(4): 69-78.

FIGUEROA, M. E., KINCAID, L., RANI, M. & LEWIS, G. 2002. *Communication for social change: An integrated model for measuring the process and its outcomes*. New York: Rockefeller Foundation.

FISCHER, E. & REUBER, A. R. 2011. Social interaction via new social media: (How) can interactions on Twitter affect effectual thinking and behavior? *Journal of Business Venturing*, 26: 1-18.

FISHBEIN, M. & AJZEN, I. 1975. *Belief, attitude, intention and behavior: An introduction to theory and research*. Reading MA: Addison-Wesley.

FOGEL, J. & NEHMAD, E. 2009. Internet social network communities: Risk taking, trust, and privacy concerns. *Computers in Human Behavior*, 25(1): 153-160.

FORNELL, C. & LARCKER, D. F. 1981. Evaluating structural equation models with unobservable variables and measurement error. *Journal of Marketing Research*, 18: 39-50.

FOULKES, M. 2011. Social contexts, social media, and human subjects research. *The American Journal of Bioethics*, 11(5): 35-36.

FOX, S. & DUGGAN, M. 2013. Health online. *Pew Internet & American Life Project*, Washington D. C.

FOX, S. & JONES, S. 2009. The social life of health information. *Pew Internet & American Life Project*, Washington D. C.

FOX, S. 2011. Peer-to-peer healthcare. *Pew Internet & American Life Project*, Washington D. C.

FREIRE, P. 1970. *Pedagogy of the oppressed*. New York: Continuum.

- FREY, B. & RUDLOFF, S. 2010. *Social media and the impact on marketing communication*. Luleå, Sweden: Luleå University of Technology. (Bachelor thesis).
- FRIEDRICH, R., PETERSON, M. & KOSTER, A. 2011. The rise of generation C. *Strategy & Business*, 62: 1-8, Spring.
- GALPIN, V., SANDERS, I., TURNER, H. & VENTER, B. 2003. Computer self-efficacy, gender, and educational background in South Africa. *IEEE Technology and Society Magazine*, 43-48, Fall.
- GANZAROLI, A. 2002. Creating trust between local and global systems. *Erasmus Research Institute of Management*. Rotterdam: Erasmus University Rotterdam.
- GARCIA-MARQUES, T. & MACKIE, D. M. 2001. The feeling of familiarity as a regulator of persuasive processing. *Social Cognition*, 19(1): 9.
- GOLD, J., PEDRANA, A. E., SACKS-DAVIS, R., HELLARD, M. E., CHANG, S., HOWARD, S., KEOGH, L., HOCKING, J. S. & STOOVE, M. A. 2011. A systematic examination of the use of online social networking sites for sexual health promotion. *BMC Public Health*, 11: 583-592.
- GOODWIN, C. 1992. A conceptualization of motives to seek privacy for non-deviant consumption. *Journal of Consumer Psychology*, 1(3): 261-284.
- GÖTZ, O., LIEHR-GOBBER, K. & KRAFFT, M. 2010. Evaluation of structural equation models using partial least squares (PLS) approach. (In Esposito Vinzi, V., Chin, W. W., Henseler, J., & Wang, H. (eds.), *Handbook of Partial Least Squares*. Springer-Verlag, Berlin: Heidelberg. p.691-712.)
- GRABNER-KRÄUTER, S. 2009. Web 2.0 social networks: the role of trust. *Journal of Business Ethics*, 90: 505-522.
- GREENHOW, C. 2011. Online social networking and learning: What are the interesting research questions? *International Journal of Cyber Behavior, Psychology and Learning*, 1(1): 36-50.
- GREENHOW, C., ROBELIA, B. & HUGHES, J. E. 2009. Web 2.0 and Classroom Research: What Path Should We Take Now? *Educational Researcher*, 38(4): 246–259.
- GRETZEL, U. 2006. Consumer generated content – trends and implications for branding. *E-Review of Tourism Research*, 4(3): 9-11.
- GRAY-FELDER, D. & DEANE, J. 1999. *Communication for social change: A position*

*paper and conference report*. New York: The Rockefeller Foundation.

HAIR, J. F., SARSTEDT, M., RINGLE, C. M. & MENA, J. A. 2012. An assessment of the use of partial least squares structural equation modeling in marketing research. *Journal of the Academy of Marketing Science*, 40(3): 414-433.

HALL, P. C., HANSON, C. L., THACKERAY, R. & WEST, J. H. 2010. Using Social Networking sites to Support Online Individual Health Behavior Change Projects. *Journal of Online Learning and Teaching*. 6(3): 686-691.

HAMPP, A. 2009. Inauguration pairing a watershed moment. *Advertising Age*, 80(11): 12, March.

HAMPTON, K. N., GOULET, L. S., RAINIE, L. & PURCELL, K. 2011. Social networking sites and our lives. *Pew Research Center's Internet & American Life Project*: Washington D. C.

HANNA, R., ROHM, A. & CRITTENDEN, V. L. 2011. We're all connected: the power of the social media ecosystem. *Business Horizons*, 54(3): 265-273.

HANNEMAN, R. A. & RIDDLE, M. 2005. *Introduction to social network methods*. Riverside, CA: University of California.

HARGITTAI, E. 2007. Whose space? Differences among users and non-users of social network sites. *Journal of Computer Mediated Communication*, 13(1): 276-297.

HARTMAN, J. 2008. *Obamanomics: How did the 2008 Presidential race impact how we use social media?* [ONLINE]. Available: <http://www.yovia.com/Obamanomics.pdf> [Accessed 25 February 2014].

HATCHER, L. 1994. *A step-by-step approach to using the SAS system for factor analysis and structural equation modelling*. Cary, NC: SAS Institute.

HEAIDS. 2010. *HIV prevalence and related factors – Higher Education Sector Study, South Africa, 2008–2009*. Pretoria: Higher Education South Africa.

HELLIWELL, J. F. & PUTNAM, R. D. 2004. The social context of well-being. *Philosophical Transactions of the Royal Society*. 359(1449): 1435-1446.

HENSELER, J., RINGLE, C. M. & SINKOVICS, R. R. 2009. The use of Partial Least Squares modelling in international marketing. *Advances in International Marketing*, 20: 277-319.

HESSE B. W. Enhancing consumer involvement in healthcare. 2009. (In Parker, J. c. & Thorson, E. (eds.), *Health Communication in the new media landscape*. Springer

Publishing: 119-141.)

HIRD, J. 2010. *20+ mind blowing social media statistics* [ONLINE]. Available: <http://econsultancy.com/blog/5324-20+-mind-blowing-social-mediastatistics-revisited> [Accessed: 25 March 2011].

HOF, R. 2006. Web 2.0 has corporate America spinning. *Business Week*, June 5.

HOSMER, L. T. 1995. Trust: the connection link between organizational theory and philosophical ethics. *Academy of Management Review*, 20(3): 213-237.

HUDSON, J. M. & BRUCKMAN, A. 2004. "Go away": Participant objections to being studied and the ethics of chatroom research. *Information Society*, 20: 127-139.

HYDÉN, L. –C. & BÜLOW, P. H. 2003. Who's talking: Drawing conclusions from focus groups – some methodological considerations. *International Journal of Social Research Methodology*, 6(4): 305-321.

INTERNATIONAL TELECOMMUNICATION UNION, 2010. *Measuring the Information Society*. Geneva: Place des Nations.

IHATOR, A. 2001. Corporate communication: Challenges and opportunities in a digital world. *Public Relations Quarterly*, 46(4): 15-18.

IZARD, C. E. 1977. *Human emotions*. New York: Plenum Press.

JAVA, A. 2007. *A Framework for Modeling Influence, Opinions and Structure in Social Media* presented at 22nd Conference on Artificial Intelligence (AAAI 2007), University of Maryland. [ONLINE]. Available: <http://ebiquity.umbc.edu/paper/html/id/359/A-Framework-for-Modeling-Influence-Opinions-and-Structure-in-Social-Media> [Accessed 18 May 2010].

JOHNSTON, K., TANNER, M., LALLA, N. & KAWALSKI, D. 2011. Social capital: the benefit of Facebook 'friends'. *Behaviour & Information Technology*, 1-13.

JURIS, J. S. 2012. Reflections on #Occupy Everywhere: Social media, public space, and emerging logics of aggregation. *American Ethnologist*, 39(2): 259-279.

JONES, G. J. F. 2011. Integrating social media with existing knowledge and information for crisis response. *The 3<sup>rd</sup> Workshop on Social Web Search and Mining (SWSM 2011): analysis of User Generated Content Under Crisis*, Beijing, China, 28 July 2011.

KAPLAN, A. M. & HAENLEIN, M. 2009. Consumer use and business potential of virtual worlds: The case of "second life". *International Journal of Media Management*,



11(3-4): 93-101.

KAPLAN, A. M. & HAENLEIN, M. 2010. Users of the world, unite! The challenges and opportunities of Social Media. *Business Horizons*, 53: 59-68.

KAUFMAN, Z. A., BRAUNSCHWEIG, E. N., FEENEY, J., DRINGUS, S., WEISS, H., DELANY-MORETLWE, S. & ROSS, D. A. 2014. Sexual risk behavior, alcohol use, and social media use among secondary school students in informal settlements in Cape Town and Port Elizabeth, South Africa. *AIDS and Behaviour*, 1-14.

KEELAN, J., PAVRI, V., BALAKRISHNAN, R. & WILSON, K. 2009. An analysis of the Human Papilloma Virus vaccine debate on MySpace blogs. *Vaccine*, 28(6): 1535-1540.

KELLY, L. & KEATEN, J. A. 2007. Development of the affect for communication channels scale. *Journal of Communication*, 57: 349-365.

KHAN, S. A., ANCKER, J. S., LI, J., KAUFMAN, D., HUTCHINSON, C., COHALL, A. & KUKAFKA, R. 2009. GetHealthyHarlem.org: Developing a web platform for health promotion and wellness driven by and for the Harlem Community. *AMIA 2009 Symposium Proceedings*, pp. 317-321.

KHOTU, S. H. & CABUKO, M. E. 2006. Ehealth: The South African context. *UMYEZO*, 3-6

KIMBLE, C., GRIMSHAW, D. & HILDRETH, P. M. 1998. The role of contextual clues in the creation of information overload. *Proceedings of 3<sup>rd</sup> UKAIS Conference*, Lincoln University, April, pp.405-412. McGraw-Hill.

KIOUSIS, K. 2001. Public trust or mistrust? Perceptions of media credibility in the information age. *Mass Communication & Society*, 4: 381-403.

KITCHEN, P. J. & SCHULTZ, D. E. 1999. A multi-country comparison of the drive for IMC. *Journal of Advertising Research*, 39(1): 21-38.

KITCHEN, P. J., BRIGNELL, J., LI, T. & SPICKETT-JONES, J. 2004. The emergence of IMC: A theoretical perspective. *Journal of Advertising Research*, 44(1): 19-30.

KLEPP, K., FLISHER, A. J. & KAAYA, S. F. 2008. *Promoting Adolescent Sexual and Reproductive Health in East and Southern Africa*. Cape Town: HSRC Press.

KLYUEVA, A. V. 2009. An integrated model of media selection in strategic communication campaigns. 12<sup>th</sup> annual international Public Relations Research

- Conference, Miami, 11-14 March 2009. Florida: University of Miami.
- KOLLAT, D. T. & WILLETT, R. T. 1969. Is impulse purchasing really a useful concept for marketing decision? *Journal of Marketing*, 33: 79-83, January.
- KOLLER, M. 1988. Risk as a determinant of trust. *Basic and Applied Social Psychology*, 9(4): 265-276.
- KORGAONKAR, P. & WOLIN, L. 1999. A multivariate analysis of web usage. *Journal of Advertising Research*, 38(1): 7-21.
- KOTLER, P. & ROBERTO, E. L. 1989. *Social marketing*. University of Michigan: Free Press.
- KOTLER, P. & ZALTMAN, G. 1971. Social marketing: an approach to planned social change. *Journal of Marketing*, 35: 3-12.
- KOZINETZ, V., DE VALCK, K., WOJNICKI, A. C. & WILNER, S. J. S. 2010. Networked narratives: Understanding word-of-mouth marketing in online communities. *Journal of Marketing*, 74: 71-89, March.
- KREPS, G. L. 2002. Evaluating new health information technologies: Expanding the frontiers of health care delivery and health promotion. *Studies in Health Technology and Informatics*, 80: 205-212.
- KREPS, G. L. 2011. The Information Revolution and the Changing Face of Health Communication in Modern Society. *Journal of Health Psychology*. 16(1): 192-194.
- KROWCHUK, H. V., LANE, S. H. & TWADDELL, J. W. 2010. Second opinion: Should social media be used to communicate with patients? *The American Journal of Maternal/Child Nursing*, 35(1): 6-7, February.
- KUMAR, R., ANAGNOSTOPOULOS, A. & MAHDIAN, M. 2008. *Influence and correlation in social networks*. [ONLINE]. Available: <http://www.arnetminer.org/viewpub.do?pid=473567#Reference> [Accessed: 19 April 2013].
- KWEON, S. H., CHO, E. J. & KIM, E. M. 2008. Interactivity Dimension: Media, Contents, and User Perception. *3rd International Conference on Digital Interactive Media in Entertainment and Arts (DIMEA)*. September 10–12, Athens, Greece.
- LAMPE, C., ELLISON, N. B. & STEINFELD, C. 2008. Changes in Use and Perception of Facebook. *Proceedings of the 2008 ACM conference on Computer supported cooperative work*, pp.721-730.

- LAMPE, C., LAROSE, R., STEINFELD, C. & DEMAAGD, K. 2011. Inherent barriers to the use of social media for public policy informatics. *The Innovation Journal: The Public Sector Innovation Journal*, 16(1): article 6.
- LANE, V. R. 2000. The impact of ad repetition and ad content on consumer perceptions of incongruent extensions. *The Journal of Marketing*, 64(2): 80-91, April.
- LATKIN, C. A. & KNOWLTON, A. R. 2008. A network-oriented HIV prevention intervention: The SHIELD study. (In Edgar, T., Noar, S. M., & Freimuth, V. S. (eds.), *Communication perspectives on HIV/AIDS for the 21st Century*. New York: Erlbaum Associates/Taylor & Francis Group. p. 413-417.)
- LEDBETTER, A. M. 2009. Family communication patterns and relational maintenance behavior: Direct and mediated associations with friendship closeness. *Human Communication Research*, 35: 130-147.
- LEDBETTER, A. M., MAZER, J. P., DEGROOT, J. M., MEYER, K. R., MAO, Y. & SWAFFORD, B. 2011. Attitudes toward online social connection and self-disclosure as predictors of Facebook communication and relational closeness. *Communication Research*, 38(1): 27-53.
- LEENDERS, R. T. A. J. 2002. Modeling Social Influence Through Network Autocorrelation: Constructing the Weight Matrix. *Social Networks*. 24(1): 21-48.
- LEFEBVRE, R. C. 2007. The New Technology: The Consumer as Participant Rather Than Target Audience. *Social Marketing Quarterly*. 13(3): 32-42.
- LEFEBVRE, R. C. 2011. 5 Fictions About Social Media for Public Health and Healthcare, *On Social Marketing and Social Change*. February. [ONLINE]. Available: [http://socialmarketing.blogs.com/r\\_craig\\_lefebvres\\_social/2011/02/5-fictions-about-socialmedia-for-public-health-and-healthcare.html](http://socialmarketing.blogs.com/r_craig_lefebvres_social/2011/02/5-fictions-about-socialmedia-for-public-health-and-healthcare.html) [Accessed 7 March 2011].
- LENHART, A. 2009. Adults and social networking websites. *Pew Internet Project*: Washington D. C.
- LEWIS, B. K. 2010. Social media and strategic communication: Attitudes and perceptions among college students. *Public Relations Journal*, 4(3), Summer.
- LI, C. & BERNOFF, J. 2008. *Groundswell: Winning in a world transformed by social technologies*. Boston: Harvard Business Press.
- LI, C., BERNOFF, J., FEFER, K. A. & PFLAUM, C. N. 2007. Marketing on social networking sites. *Forrester Research Report*.

- LI, Y., ZHAO, Y. & LIU, Y. 2006. The relationship between HRM, technology innovation and performance in China. *International Journal of Manpower*, 27(7): 679-697.
- LIEVROUW, L. A. 1994. Health communication research reconsidered: Reading the signs. A review essay. *Journal of Communication*, 44: 91-99.
- LORETTO, P. 2009. Employers seek college students to assist with social media. [ONLINE]. Available: <http://internships.about.com/b/2009/10/03/emplotersseek-college-students-to-assist-with-social-media/> [Accessed: 3 October 2011].
- LUCK, E. & MATHEWS, S. 2009. What advertisers need to know about the iYGeneration: an Australian perspective. *Journal of Promotion Management: Special Issue on Australia/Asia Pacific*, 16: 134-147.
- LUCK, E. M., BEATON, J. & MOFFAT, J. J. 2010. The social media @evolution: Obama's political campaign. *2010 Global Marketing Conference*, Tokyo, 9-12 September.
- LUNCEFORD, B. 2009. Reconsidering technology adoption and resistance – observations of a semi-luddite. *Explorations in Media Ecology*, 8(1): 29-48.
- LYNCH, P. D., KENT, R. J. & SRINIVASAN, S. S. 2001. The global Internet shopper: Evidence from shopping tasks in twelve countries. *Journal of Advertising Research*, 41(3): 15-23.
- MAHMOOD, O. & SELVADURAI, S. 2006. Modelling web of trust with web 2.0. *World Academy of Science, Engineering and Technology*, 18: 122-127.
- MAIBACH, E. 2007. The influence of the media environment on physical activity: looking for the big picture. *American Journal of Health Promotion*, 21: S353-S362.
- MAIBACH, E. W., KREPS, G. L. & BONAGURO, E. W. 1993. Developing strategic communication campaigns for HIV/AIDS prevention. (In Ratzan, S. C. (ed.), *AIDS: Effective health communication for the 90s*. Washington D. C.: Taylor & Francis. p.15-35.)
- MALHOTRA, N. K. 2008. *Basic marketing research*. 3<sup>rd</sup> ed. Prentice Hall
- MANGOLD, W. G. & FAULDS, D. J. 2009. Social media: the new hybrid element of the promotion mix. *Business Horizons*. 52(4): 357-365.
- MARDIA, K. V. 1974. Applications of some measures of multivariate skewness and kurtosis in testing normality and robustness studies. *Sankhya, Ser B*, 36(2): 115-128.

- MARDIA, K. V. 1980. Tests of univariate and multivariate normality. (In Krishnaiah, P. R. (ed.), *Handbook of Statistics vol.1*. North Holland. p. 279-320.)
- MARKUS, M. L. 1994. Electronic mail as the medium of managerial choice. *Organizational Research*, 5: 502-527.
- MARS, M. 2008. Lessons learned at the telemedicine coalface: Issues and examples from Africa. *Commonwealth Health Ministers Book 2008*. London: Henly Media Group Ltd., 60-63.
- MAZER, J. P., MURPHY, R. E. & SIMONDS, C. J. 2007. I'll see you on "Facebook": The effects of computer-mediated teacher self-disclosure on student motivation, affective learning, and classroom climate. *Communication Education*, 56(1): 1-17.
- MCCARTHY, J. 2011. "Social mediator": Bridging the gaps between HCI and social media. *Interactions*, March & April, 15-18.
- MCGIRT, E. 2008. The brand called Obama. *Fast Company*, p.1-12, 19 March.
- MCMILLAN, S. J. & HWANG, J. S. 2002. Measure of perceived interactivity: An exploration of the role of direction of communication, user control, and time in shaping perception of interactivity. *Journal of Advertising*, 31(3): 29-42.
- MCNAB, C. 2009. What social media offers health professionals. *Bulletin of the World Health Organization*. 87:566.
- MELKOTE, S. R. 2000. Reinventing development support communication to account for power and control in development. (In Wilkins, K. G. (ed.), *Redeveloping communication for social change*. New York: Rowman and Littlefield.)
- MIKALAJUNAITE, E. 2010. *The developer view: How the mHealth market will change within the next 5 years* (whitepaper), research2guidance. [ONLINE]. Available: <http://research2guidance.com/the-developer-view-how-will-mhealth-market-change-within-the-next-5-years-free-whitepaper/> [Accessed 2 July 2012].
- MILETI, D. S., BANDY, R., BOURQUE, L. B., JOHNSON, A., KANO, M., PEEK, L., SUTTON, J. & WOOD, M. 2006. *Annotated bibliography for public risk communication on warnings for public protective actions response and public education*. [ONLINE]. Available: <http://www.colorado.edu/hazards/publications/informer/infrmr2/pubhazbibann.pdf> [Accessed 13 August 2011].
- MONTGOMERY, J. 2009. Interactive food and beverage marketing: targeting

adolescents in the digital age. *Adolescent Health*, 45(3) Supplement: 18-29.

MOORHEAD, S. A., HAZLETT, D. E., HARRISON, L., CARROLL, J. K., IRWIN, A. & HOVIG, C. 2013. A New Dimension of Health Care: Systematic Review of the Uses, Benefits, and Limitations of Social Media for Health Communication. *Journal of Medical Internet Research*, 15(4): e85, April.

MORELAND, R. L. & LEVINE, J. M. 1982. Socialization in small groups: Temporal changes in individual-group relations. *Advances in Experimental Social Psychology*, 15: 137-192.

MORENO, M. A., PARKS, M. R., ZIMMERMAN, F. J., BRITTO, T. E. & CHRISTAKIS, D. A. 2009. Display of health risk behaviors on MySpace by adolescents. *Archives of Paediatrics & Adolescent Medicine*, 163(1): 27-33.

MPOFU, N. & SALAWU, A. 2014. Contributions of HIV/AIDS social networking sites towards awareness and prevention of the pandemic among students of Rhodes University, South Africa. *Mediterranean Journal of Social Sciences*, 5(6): 191-202.

NOAR, S. M. & KENNEDY, M. G. 2009. Medicine and Society: HIV/AIDS Prevention Messages. *Virtual Mentor*. 11(12): 980-987.

NOAR, S. M. 2006. A 10-year retrospective of research in health mass media campaigns: Where do we go from here? *Journal of Health Communication*, 11(1): 21-42.

NOAR, S. M., PALMGREEN, P., CHABOT, M., DOBRANSKY, N. & ZIMMERMAN R. S. 2009. A 10-year systematic review of HIV/AIDS mass communication campaigns: Have we made progress? *Journal of Health Communication*. 14(1): 15-42.

NOVAK, T. P., HOFFMANN, D. L. & YUNG, Y. F. 2000. Measuring the customer experience in online environments: A structural modeling approach, *Marketing Science*, 19(1): 22-42.

NUNNALLY, J. 1978. *Psychometric Theory*. New York: McGraw-Hill.

OESTREICHER-SINGER, G. & ZALMANSON, L. 2013. Content or community? A digital business strategy for content providers in the social age. *MIS Quarterly*, 37(2): 591-616.

OKAZAKI, S. 2009. Social influence model and electronic word of mouth: PC versus mobile internet. *International Journal of Advertising*, 28(3): 439-472.

OTONDO, R. F., VAN SCOTTER, J. R., ALLEN, D. G. & PALVIA, P. 2008. The

complexity of richness: Media, message, and communication outcomes. *Information & Management*, 45: 21-30.

PAGANI, M., HOFACKER, C. F. & GOLDSMITH, R. E. 2011. The influence of personality on active and passive use of social networking sites. *Psychology & Marketing*, 28(5): 441-456.

PALLANT, J. 2011. SPSS survival manual: a step by step guide to data analysis using SPSS. 4<sup>th</sup> edition, Allen & Unwin: Australia.

PAPACHARISSI, Z. & RUBIN, A. M. 2000. Predictors of Internet use. *Journal of Broadcasting & Electronic Media*, 44(2): 175-196.

PARK, J. 2010. Differences among university students and faculties in social networking site perception and use. *The Electronic Library*, 28(3): 417-431.

PARKER, W. 2004. Rethinking conceptual approaches to behaviour change: The importance of context. *Centre for AIDS Development, Research and Evaluation (CADRE)*.

PAUL-EBHOHIMHEN, V., POOBLAN, A. & VAN TEIJLINGEN, E. R. 2008. A systematic review of school-based sexual health interventions to prevent STI/HIV in sub-Saharan Africa. *BMC Public Health*, 8(4).

PAVLOU, P. A. 2003. Consumer acceptance of electronic commerce: Integrating trust and risk with the technology acceptance model. *International Journal of Electronic Commerce*, 7(3): 69-103.

PELUCHETTE, J. & KARL, K. 2008. Social networking profiles: An examination of student attitudes regarding use and appropriateness of content. *Cyber Psychology & Behavior*, 11(1).

PERNER, L. 2008. *Consumer behavior: The psychology of marketing*, Open Educational Resources Portal. [ONLINE]. Available: <http://www.temoa.info/node/19990> [Accessed 18 June 2011].

PHELPS, J. E., LEWIS, R., MOBILIO, L., PERRY, D. & RAMAN, N. 2004. Viral Marketing or Electronic Word-of-Mouth Advertising: Examining Consumer Responses to Pass Along Email. *Journal of Advertising Research*, 44(4): 333-348.

PIERSON, J. & HEYMAN, R. 2011. Social media and cookies: Challenges for online privacy. *Info*, 13(6): 30-42.

POPOVIĆ, K. & SMITH, D. C. 2010. Tweeting@doctorwelby: Practical examples of



- social media in healthcare. *Journal of Communication in Healthcare*, 3(2): 138-151.
- PORTNOY, D., SCOTT-SHELDON, L., JOHNSON, B. & CAREY, M. 2008. Computer-delivered interventions for health promotion and behavioural risk reduction: A meta-analysis of 75 randomized controlled trials, 1998-2007. *Preventative Medicine*, 47(1): 3-16.
- PROCHASKA, J. O. & DICLEMENTE, C. C. 1983. Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of consulting and clinical psychology*, 51(3): 390-395.
- PREECE, J. & SHNEIDERMAN, B. 2009. The Reader-to-Leader Framework: Motivating Technology-Mediated Social Participation. *AIS Transactions on Human-Computer Interaction*, 1(1): 13-32.
- PUDLINER, B. A. 2007. Alternative literature and tourist experience: Travel and tourist weblogs. *Journal of Tourism and Cultural Change*, 5(1): 46-59.
- PUTNAM, R. D. 1995. Bowling alone: America's declining social capital. *Journal of Democracy*, 6(1): 65-78.
- PUTNAM, R. D. Bowling together. 2004. *OECD Observer*, no. 242. [ONLINE] Available:  
[http://www.oecdobserver.org/news/fullstory.php/aid/1215/Bowling\\_together.html](http://www.oecdobserver.org/news/fullstory.php/aid/1215/Bowling_together.html)  
 [Accessed 9 April 2011].
- QUAN-HAASE, A. 2007. University students' local and distant social ties: Using and integrating modes of communication on campus. *Information, Communication & Society*, 10(5): 671-693.
- QUINTANA, Y., FEIGHTNER, J. W., WATHEN, C. N., SANGSTER, L. M. & MARSHALL, J. N. 2001. Preventive health information on the Internet. *Canadian Family Physician*, 47:1759-1765.
- RANDOLPH, W. & VISWANATH, K. 2004. Lessons learned from public health mass media campaigns: Marketing health in a crowded media world. *Annual Review of Public Health*, 25: 419-437.
- RAYNES-GOLDIE, K. & WALKER, L. 2008. Our space: Online civic engagement tools for youth. (In Bennett, W. L. (ed.), *Civic life online: Learning how digital media can engage youth*. Cambridge, MA: MIT Press. p. 161–188.)
- REARDON, C. 2003. *Talking cure: A case study in communication for social change. Communication for social change working paper series*. New York: The Rockefeller



Foundation.

RESNICK, P. 2002. Beyond bowling together: Socio-technical capital. (In Carroll, J. M. (ed.), *Human-computer interaction in the new millennium*. Reading, MA: Addison-Wesley. p. 247–272.)

RICE, R. 1993. Media appropriateness: Using social presence theory to compare traditional and new organizational media. *Human Communication Research*, 19: 451-484.

RICE, E., MONRO, W., BARMAN-ADHIKARI, A. & YOUNG, S. D. 2010. Internet use, social networking, and HIV/AIDS risk for homeless adolescents. *Journal of Adolescent Health*, 47: 610-613.

RIFON, N. J., VASILENKO, P., QUILLIAM, E. Q. & LAROSE, R. J. 2006. High school student perceptions of the privacy of their Internet postings: Implications for IRB practice. *Paper presented at the HRPP conference on Public Responsibility in Medicine and Research*, Washington, D. C.

RIMAL, R. N. & ADKINS, A. D. 2003. Using computers to narrowcast health messages: The role of audience segmentation, targeting, and tailoring in health promotion. (In Thompson, T. L., Dorsey, A. M., Miller, K. I. & Parrott, R. *Handbook of Health Communication*. Mahwah, NJ: L. Erlbaum Associates. p.497-515.)

RIMAL, R. N. & LAPINSKI, M. K. 2009. Why health communication is important in public health. *Bulletin of the World Health Organization*, 87: 247.

RINGLE, C. M., WENDE, S. & WILL, A. 2005. *SmartPLS 2.0*: <http://www.smartpls.de>, University of Hamburg.

RITTERBAND, L. M., THORNDIKE, F. P., COX, D. J., KOVATCHEV, B. P. & GONDER-FREDERICK, L. A. 2009. A Behavior Change Model for Internet Interventions. *Annals of Behavioral Medicine*, 38:18-27.

ROBBINS, S. P., MILLETT, B. & WATERS-MARSH, T. 2004. *Organisational behaviour*. 4<sup>th</sup> ed. Sydney: Pearson Educational.

ROBERTS, D. F. & FOEHR, U. G. 2008. Trends in media use. *Future Child*, 18(1): 11-37, Spring.

ROGERS, E. M. 1983. *Diffusion of innovations*. 3<sup>rd</sup> ed. New York: Free Press.

ROLDAN, M. M. K. 2008. Innovation Conversations via Social Media. *Proceedings of the National Collegiate Inventors and Innovators Alliance 12<sup>th</sup> Annual Meeting*, pp.

231-235.

ROMERO, D. M., GALUBA, W., ASUR, S. & HUBERMAN, B. A. 2011. Influence and passivity in social media. *WWW 2011*, 28 March – 1 April 2011, Hyderabad, India.

ROSENGREN, K. E. & WINDAHL, S. 1972. Mass media consumption as a functional alternative. (In McQuail, D. (ed.), *Sociology of mass communications: Selected readings*, Harmondsworth, Middlesex: Penguin Books Ltd. p.166-194.)

ROTMAN, D., PREECE, J., VIEWEG, S., SHNEIDERMAN, B., YARDI, S., PIROLI, P., CHI, E. H. & GLAISYER, T. 2011. From slacktivism to activism: Participatory culture in the age of social media. *CHI 2011*, 7-12 May 2011, Vancouver, Canada.

RUBIN, R., PERSE, E. M. & BARBATO, C. 1998. Conceptualization and measurement of interpersonal communication motives. *Human Communication Research*, 14(4): 602-628.

SAFKO, L. 2010. *The Social Media Bible*. 2nd ed. New Jersey: John Wiley & Sons.

SAUNDERS, M., LEWIS, P. & THORNHILL, A. 2007. *Research Methods for Business Students*. 4th ed. Essex: Prentice Hall.

SCALWAY, T. 2003. *Missing the message? 20 years of learning from HIV/AIDS*. Panos Institute, p.2-23.

SCANFIELD, D., SCANFELD, V. AND LARSON, E. 2010. Dissemination of health information through social networks: Twitter and antibiotics. *American Journal of Infection Control*, 38: 182-188.

SCHARL, A., DICKINGER, A. AND MURPHY, J. 2005. Diffusion and success factors of mobile marketing. *Electronic Commerce Research and Applications*, 4: 159-173.

SCHEIN, R., WILSON, K. AND KEELAN, J. 2010. Literature review on effectiveness of use of social media. *A report for Peel public health*. Brampton, ON: Peel Public Health.

SCHIAVO, R. 2008. The rise of e-health: Current trends and topics on online health communications. *Journal of Medical Marketing*, 8: 9-18.

SCHULTZ, D. E. 1993. Integrated marketing communications: Maybe definition is in the point-of-view. *Marketing News*, 27(2): 17.

SCOTT, D. M. 2009. What we all really want: Attention. *EContent magazine*, September.

SELYA, A. S., ROSE, J. S., DIERKER, L. C., HEDEKER, D. AND MERMELSTEIN,

- R. J. 2012. A practical guide to calculating Cohen's  $f^2$ , a measure of local effect size, from Proc Mixed. *Frontiers in Psychology*, 3: 111.
- SEVERIN, W. J. AND TANKARD, J. W. 2001. *Communication theories: Origins, Methods, and Uses in the mass media*. New York: Longman.
- SHIN, D. 2010. The effects of trust, security and privacy in social networking: A security-based approach to understand the pattern of adoption. *Interacting with Computers*, 22: 428-438.
- SINGH, T. & CULLINANE, J. 2010. Social networks and marketing: Potential and pitfalls. *International Journal of Electronic Marketing and Retailing*, 3(3): 202-220.
- SINGHAL, A. & ROGERS, E. M. 2003. *Combating AIDS: Communication strategies in action*. New Delhi, India: Sage Publications Ltd.
- SINGHAL, A. 2001. Modern information retrieval: A brief overview. *IEEE Data Engineering Bulletin*, 24: 35-43.
- SMITH, K. 2011. Anxiety, Knowledge and Help: A Model for How Black and White College Students Search for HIV/AIDS Information on the Internet. *The Qualitative Report*, 16(1): 103-125.
- SNEDECOR, G. W. AND COCHRAN, W. G. 1989. *Statistical methods*. 8<sup>th</sup> ed. Iowa State University Press
- SOLIS, B. 2007. The Definition of Social Media, *WebPro News* 29 June. [ONLINE]. Available: <http://www.webpronews.com/node/39019/print> [Accessed 24 November 2010].
- SOLIS, B. 2010. Social Media's Critical Path, *Harvard Business Review*. 19 July. [ONLINE]. Available: [http://blogs.hbr.org/cs/2010/07/social\\_medias\\_critical\\_path\\_re.html](http://blogs.hbr.org/cs/2010/07/social_medias_critical_path_re.html) [Accessed 24 November 2010].
- SPITZBERG, B. H. 2006. Preliminary Development of a Model and Measure of Computer-Mediated Communication (CMC) Competence. *Journal of Computer-Mediated Communication*, 11: 629-666.
- SRINIVASAN, R. 2011. *London, Egypt and the complex role of social media*. *Washington Post*. [ONLINE]. Available: [http://www.washingtonpost.com/national/on-innovations/london-egypt-and-the-complex-role-of-social-media/2011/08/11/gIQA1oud8I\\_story.html](http://www.washingtonpost.com/national/on-innovations/london-egypt-and-the-complex-role-of-social-media/2011/08/11/gIQA1oud8I_story.html) [Accessed 30 August 2011].

- STUDENT VILLAGE. 2009. *Demystifying social media consumption in the SA student population*. 22 November. [Online] Available: <http://www.crammed.co.za/youthmarketing/first-time-research-reveals-how-young-people-are-consuming-social-media-insouth-Africa> [Accessed 24 March 2010].
- STUTZMAN, F., CAPRA, R & THOMPSON, J. 2011. Factors mediating disclosure in social network sites. *Computers in Human Behavior*, 27(1): 598.
- SUTTON, J., PALEN, L. & SHKLOVSKI, I. 2008. Backchannels on the Front Lines: Emergent Uses of Social Media in the 2007 Southern California Wildfires. *Proceedings of the 5th International ISCRAM Conference*, Washington, D.C., May.
- SWEETSER, K. D. 2010. A losing strategy: The impact of nondisclosure in social media on relationships. *Journal of Public Relations Research*, 22(3): 288 -312.
- TABACHNICK, B. & FIDELL, L. 2007. *Using multivariate statistics*. USA: Pearsons.
- TAPSCOTT, D. 2008. *Grown up digital: How the net generation is changing your world*. McGraw-Hill.
- TAYLOR, S. & TODD, P. A. 1995. Decomposition of cross effects in the theory of planned behavior: A study of consumer adoption intentions. *International Journal of Research in Marketing*, 12(2): 137-155.
- TENENHAUS, M., ESPOSITO VINZI, V., CHATELIN, Y. M. & LAURO, C. 2005. PLS Path Modeling. *Computational Statistics & Data Analysis*, 48: 159-205.
- TERRIS, M. 1992. Concepts of health promotion: Dualities in public health theory. *Journal of Public Health Policy*, 13(3): 267-276.
- TERRY, M. 2009. Twittering Healthcare: Social Media and Medicine. *Telemedicine and e-Health*, 15(6): 507-510.
- TIMMERMAN, C. E. & MADHAVAPEDDI, S. N. 2008. Perceptions of organizational media richness: Channel expansion effects for electronic and traditional media across richness dimensions. *IEEE Transactions on Professional Communication*, 51: 18-32.
- TONG, S. T., VAN DER HEIDE, B., LANGWELL, L. & WALTHER, J. B. 2008. Too much of a good thing? The relationship between number of friends and interpersonal impressions on Facebook. *Journal of Computer-Mediated Communication*, 13(1): 531-549.
- TRAYNER, G. 2005. Open source thinking: from passive consumers to active

creators. *Proceedings of the 58th Annual ESOMAR Congress*, Cannes, 18–21 September.

TRIANDIS, H. C. 1979. *Values, attitudes, and interpersonal behavior*. Lincoln, NE: University of Nebraska Press

TRUSOV, M., BODAPATI, A. V. & BUCKLIN, R. E. 2010. Determining Influential Users in Internet Social Networks. *Journal of Marketing Research*, 47(4): 643-658.

UNICEF, 2010. *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health sector*. [Online]. Available: <http://www.who.int/hiv/pub/2010progressreport/en/index.html> [Accessed 13 March 2014].

UNIVERSAL MCCANN. 2008. *Power to the people – Wave 3 study on social media trends*. [ONLINE]. Available: [www.universalmccann.com/Assets/wave\\_3\\_20080403093750.pdf](http://www.universalmccann.com/Assets/wave_3_20080403093750.pdf) [Accessed 10 October 2011].

UNIVERSAL MCCANN. 2009. *Power to the people – Wave 4 social media tracker*. [ONLINE]. Available: <http://universalmccann.bitecp.com/wave4/> [Accessed 10 October 2011].

UTZ, S. 2009. The (potential) benefits of campaigning via social network sites. *Journal of Computer-Mediated Communication*, 14: 221–243.

VALENZUELA, S., PARK, N. & KEE, K. F. 2009. Is there social capital in a social network site?: Facebook use and college students' life satisfaction, trust, and participation. *Journal of Computer-Mediated Communication*, 14: 875-901.

VALKENBURG, P. M. & PETER, J. 2008. Adolescents' identity experiments on the Internet. *Communication Research*, 35: 208-231.

VAN DER VELDEN, M. & EL EMAM, K. 2013. "Not all my friends need to know": a qualitative study of teenage patients, privacy, and social media. *Journal of the American Medical Information Association*, 20:16-24.

VANCE W. H. & DELLAVALLE R. P. 2009. Social Internet Sites as a Source of Public Health Information. *Dermatological Clinics*, 27: 133-6.

VAN 'T RIET, J., CRUTZEN, R. & DE VRIES, H. 2010. Investigating Predictors of Visiting, Using, and Revisiting an Online Health-Communication Program: A Longitudinal Study. *Journal of Medical Internet Research*, 12(3): e37.

VENKATESWARAN, V. 2011. *Transforming healthcare through social media*. Wipro

*Technologies*. [ONLINE]. Available:

<http://www.epractice.eu.files/Transforming%20healthcare%20through%20social%20media.pdf> [Accessed 20 October 2011].

WALLACK, L. 1984. Social marketing as prevention: Uncovering some critical assumptions. *Advances in Consumer Research*, 11: 682-687.

WALTHER, J. & BURGOON, J. 1992. Relational communication in computer-mediated interaction. *Human Communication Research*, 19: 50-88.

WALTHER, J. 1992. Interpersonal effects in computer-mediated interaction. *Communication Research*, 19: 52-90.

WALTHER, J. B., VAN DER HEIDE, B., KIM, S. -Y, WESTERMAN, D. & TONG, S. T. 2008. The role of friends' appearance and behavior on evaluations of individuals on Facebook: Are we known by the company we keep? *Human Communication Research*, 34: 28-49.

WANG, S. & LIN, J. C. 2011. The effect of social influence on bloggers' usage intention. *Online Information Review*, 35(1): 50-65.

WANKEL, C. 2009. Management education using social media. *Organizational Management Journal*, 6: 251-262.

WATERS, R. D., TINDALL, N. T. J. & MORTON, T. S. 2010. Media catching and the journalist-public relations practitioner relationship: How social media are changing the practice of media relations. *Journal of Public Relations Research*, 22(3): 241-264.

WAYCOTT, J., BENNETT, S., KENNEDY, G., DALGARNO, B. & GRAY, K. 2010. Digital divides? Student and staff perceptions of information and communication technologies. *Computers & Education*, 54: 1202-1211.

WEBB, T. L., JOSEPH, J., YARDLEY, L. & MICHIE, S. 2010. Using the Internet to promote health behavior change: a meta-analysis of the impact of theoretical basis, use of behavior change techniques, and mode of delivery on efficacy. *Journal of Medical Internet Research*, 12(2): e4.

WEITZMAN, E. R., KACI, L. & MANDL, K. D. 2010. Sharing medical data for health research: The early personal health record experience. *Journal of Medical Internet Research*, 12(2): e14.

WIDD, J., CANT, M. C. & NELL, C. 2013. Open distance learning students' perception of the use of social media networking systems as an educational tool.

- International Business & Economics Research Journal*, 12(8): 867-882, August.
- WILLIAMS, D. 2006. On and off the net: scales for social capital in an online era. *Journal of Computer-Mediated Communication*, 11 (2): 593–628.
- WOLFINBARGER, M. & GILLY, M. C. 2003. eTailQ: dimensionalizing, measuring, and predicting eTail Quality. *Journal of Retailing*, 79: 183-198.
- WORLD WIDE WORX, 2013. *SA high-tech student 2013 Research Report*.
- XIANG, Z. & GRETZEL, U. 2010. Role of social media in online travel information search. *Tourism Management*, 31: 179–188.
- YAMAUCHI, E. 2010. *LoveLife, MYMsta, and Mizz B: evaluating a mobile phone-based social network to prevent HIV among youth in South Africa*. Chapel Hill: University of North Carolina. (MA-thesis).
- YOUNG, S. D. & RICE, E. 2011. Online social networking technologies, HIV knowledge, and sexual risk and testing behaviors among homeless youth. *AIDS Behavior* 2011.
- ZEAL, J., SMITH, S. P. & SCHEEPERS, R. 2010. Conceptualizing social influence in the ubiquitous computing era: Technology adoption and use in multiple use contexts. *ICIS 2010 Proceedings*, Paper 261.
- ZIKMUND, W. G, BABIN, B. J., CARR, J. C. & GRIFFIN, M. 2013. *Business Research Methods*. 9<sup>th</sup> ed. South-Western, CENGAGE Learning, Canada.

## **APPENDICES**

APPENDIX A	ETHICS APPROVAL DOCUMENTATION.....	161
APPENDIX B	STUDENT CONSENT DOCUMENTATION.....	166
APPENDIX C	FOCUS GROUP QUESTIONS.....	191
APPENDIX D	FOCUS GROUP TRANSCRIPTS.....	193
APPENDIX E	PAPER PILOT QUESTIONNAIRE.....	238
APPENDIX F	EXPLORATORY FACTOR ANALYSIS RESULTS OF THE PILOT STUDY.....	244
APPENDIX G	FINAL ONLINE QUESTIONNAIRE.....	247



## **APPENDIX A: ETHICS APPROVAL DOCUMENTATION**

### UNIVERSITY OF CAPE TOWN



#### **Faculty of Commerce Ethics in Research Committee**

Courier: Room 2.21 Leslie Commerce Building Upper Campus University of Cape Town  
Post: University of Cape Town • Private Bag • Rondebosch 7701  
Email: [Irwin.brown@uct.ac.za](mailto:Irwin.brown@uct.ac.za)  
Telephone: +27 21 650-2311  
Fax No.: +27 21 689-7570  
15 May 2012

**UCT/COM/040/2012**

Ms Jeandri Robertson  
School of Management Studies  
University of Cape Town  
[Jeandri.robertson@gmail.com](mailto:Jeandri.robertson@gmail.com)

Dear Ms Robertson

**Project title: Tertiary students' perception of the role of social media in HIV/AIDS communication**

This letter serves to confirm that the project entitled, "**Tertiary students' perception of the role of social media in HIV/AIDS communication**", as described in your final submitted protocol dated 11 April 2012, has been approved. You may proceed with the research subject to the following:

**Access approval from Executive Director: Student Affairs (UCT) and similarly authorized executive at UWC.**

Please note that if you make any substantial change in your research procedure that could affect the experiences of the participants, you must submit a revised protocol to the Committee for approval.

Best wishes for great success with your research.

Regards,

*Irwin Brown*

Prof Irwin Brown  
Commerce Faculty Ethics in Research Committee

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"OUR MISSION is to be outstanding teaching and research university,  
educating for life and addressing the challenges facing our society."

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	<b>RESEARCH ACCESS TO STUDENTS</b>	<b>DSA 100</b>
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#### NOTES

1. This form must be FULLY completed by applicants that want to access UCT students for the purpose of research.
2. Return the completed application form together with your research proposal to: Moonira.Khan@uct.ac.za; or deliver to: Attention: Executive Director, Department of Student Affairs, North Lane, Steve Biko Students' Union, Room 7.22, Upper Campus, UCT.
3. The turnaround time for a reply is approximately 10 working days.
4. NB: It is the responsibility of the researcher/s to apply for and to obtain ethical clearance and access to staff and/or students, respectively to the (a) Faculty's 'Ethics in Research Committee' (EIRC) for ethics approval, and (b) Executive Director, HR for approval to access staff for research purposes and the (c) Executive Director, Student Affairs for approval to access students for research purposes.
5. For noting, a requirement of UCT (according to Senate policy) is that items (1) and (4) apply even if prior clearance has been obtained by the researcher/s from any other institution.

#### SECTION A: RESEARCH APPLICANT/S DETAILS

Position	Staff / Student No	Title and Name	Contact Details (Email / Cell / land line)
A.1 Student Number	RBRJEA006	Mrs Jeandri Robertson	<a href="mailto:Jeandri.robertson@gmail.com">Jeandri.robertson@gmail.com</a> 083 458 8224
A.2 Academic / PASS Staff No.			
A.3 Visiting Researcher ID No.			
A.4 University / Institution at which employed / or a registered student	UCT	Address if not UCT:	
A.5 Faculty/ Department/School	School of Management Studies, Commerce		
A.6 APPLICANTS DETAILS If different from above	Title and Name	Tel.	Email

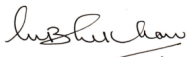
#### SECTION B: RESEARCHER/S SUPERVISOR/S DETAILS

Position	Title and Name	Tel.	Email
B.1 Supervisor	Mr Gert Human	021 650 4331	<a href="mailto:Gert.human@uct.ac.za">Gert.human@uct.ac.za</a>
B.2 Co-Supervisor/s (a)			

#### SECTION C: APPLICANT'S RESEARCH STUDY FIELD AND APPROVAL STATUS

C.1 Degree (if a student)	BUS5000W in Business Science (M.BusSci)		
C.2 Research Project Title	Tertiary students' perceptions of the role of social media in HIV/AIDS communication		
C.3 Research Proposal	Attached: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
C.4 Target population	Students between the ages of 18 to 24 years of age		
C.5 Lead Researcher details	If different from applicant: N/A		
C.6. Will use research assistant/s	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
C.7 Research Methodology and Informed consent:	Informed consent: Will obtain informed consent from participants. Confidentiality and anonymity is assured and participation will be voluntary. Methodology: Online survey for UG students at UCT, UWC, SU, CPUT, UKZN, UJ, Wits U, PU, TUT, UJ including focus group discussions at universities in the WC, plus interviews with key experts.		
C.8 Ethics clearance status	Approved by the EIRC: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Awaiting response : <input type="checkbox"/> Ref: UCT/COM/040/2012 – Dated: 15 May 2012		

#### SECTION D: APPLICANT/S APPROVAL STATUS FOR ACCESS TO STUDENTS FOR RESEARCH PURPOSE (To be completed by the ED, DSA or Nominee)

APPROVAL STATUS	Approved / Not Approved	Applicant/s Ref. No.:	Comments:	
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	RBRJEA006/ J Robertson	For clarity: Ethics approval and access approval must be obtained from each of the other (9) HEI identified as target institutions to access their undergraduate students for this research.	
APPROVED BY:	Designation	Name	Signature	Date
	Executive Director Department of Student Affairs	Moonira Khan		24 May 2012



Jeandri Robertson <jeandri.robertson@gmail.com>

---

**Fwd: Permission to access students for research purposes**

1 message

---

**Ingrid Miller** <imiller@uwc.ac.za>  
To: jeandri.robertson@gmail.com  
Cc: Ridwaan Mallum <rmallum@uwc.ac.za>

Mon, May 28, 2012 at 3:16 PM

Dear Ms Robertson

I am satisfied that you have obtained the necessary clearance to conduct your research. I scanned your research proposal very quickly and need more details re your methodology to facilitate access to our students. Please confirm if you wish to select a random sample of undergraduate students (specify how many) and if you want them to complete an on-line questionnaire. We could send your request and the questionnaire (or a link) to them via e-mail but you would have to specify the ethical issues relating to confidentiality, etc. in a covering letter to them.

I'm copying this note to the Manager of our Application Support team, Mr Ridwaan Mallum, for noting and attention. Please follow up with him re the above issues.

All the best with your research.

Kind regards  
Dr I. Miller  
REGISTRAR

----- Forwarded message -----

From: Jeandri Robertson <jeandri.robertson@gmail.com>  
To: imiller@uwc.ac.za  
Cc: Gert Human <gert.human@uct.ac.za>  
Date: Fri, 25 May 2012 12:45:12 +0200  
Subject: Permission to access students for research purposes  
Dear Dr Miller,

Hope this mail finds you well?

I am a postgraduate student at UCT and would like to apply for permission to access students from UWC for research purposes.

I have already gained ethics - and research access approval from UCT.

Please find attached the following supporting documentation for your consideration.

- Ethics Committee Approval (UCT)
- Student Access Approval (UCT)
- Consent form
- The semi-structured qualitative focus group questions
- The research proposal

Please let me know if there is an application form that I would need to complete or if I need to redirect my application?

Kind regards,

--

Jeandri Robertson  
+27 83 458 8224



Jeandri Robertson <jeandri.robertson@gmail.com>

---

**RE: Student Access (UWC)**

1 message

---

**Ridwaan Mallum** <rmallum@uwc.ac.za>  
To: jeandri.robertson@gmail.com  
Cc: Denise Manuel <dmanuel@uwc.ac.za>

Thu, May 16, 2013 at 12:40 PM

Good news, authorisation obtained for you to proceed with your survey at UWC.

Please arrange to see me (via Denise) in order to progress your request.

Kind regards

**From:** Jeandri Robertson [mailto:jeandri.robertson@gmail.com]  
**Sent:** 14 May 2013 04:39 PM  
**To:** Ridwaan Mallum <rmallum@uwc.ac.za>  
**Subject:** Re: Student Access (UWC)

Dear Ridwaan,

Thank you so much for all your effort.

Will be awaiting your response.

Kind regards,  
Jeandri

On Tue, May 14, 2013 at 4:38 PM, Ridwaan Mallum <rmallum@uwc.ac.za> wrote:

Jeandri, I will be speaking to the head of all research on campus to progress your request.

Hope to revert with a positive answer soon.

**From:** Jeandri Robertson [mailto:jeandri.robertson@gmail.com]  
**Sent:** 10 May 2013 11:10 AM  
**To:** Ridwaan Mallum <rmallum@uwc.ac.za>  
**Subject:** Re: Student Access (UWC)

Dear Ridwaan,

Hope you're well?

Just a quick check-in to find out whether there's been any developments on the below request?

Many thanks.

## **APPENDIX B: STUDENT CONSENT DOCUMENTATION**

UWC Male



## UNIVERSITY OF CAPE TOWN

### School of Management Studies

4<sup>th</sup> Floor, Leslie Commerce Building  
Engineering Mall  
Upper campus  
Ph (021) 650-2311, Fax (021) 689 7570

#### Focus group consent form

Dear Student,

The following **focus group** will be **30-45 minutes** long. Your answers will be strictly **confidential** and only aggregate findings will be reported. These findings will be used in an **academic study** towards the completion of the researcher's Master's degree at the University of Cape Town.

By taking part in this focus group, you as participant:

- Implicitly give consent to take part in the research study
- Are aware that participation is voluntary
- Understand that your identity will be kept anonymous
- Understand that you may withdraw at any point in time without any adverse consequences and
- Understand that you have a right of access to the researcher in order to clarify any issue, should doubts arise

If you have any queries, or if you would like to have **access to the findings**, please don't hesitate to contact Jeandri Robertson ([Jeandri.robertson@gmail.com](mailto:Jeandri.robertson@gmail.com)).

Name of Participant: IVAN NOVEMBER

Signature of Participant: [Signature]

Signature of Researcher: Jeandri

Date: 26 / 06 / 12

UWC Male



## UNIVERSITY OF CAPE TOWN

### School of Management Studies

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Name of Participant: Ayanda Takane

Signature of Participant: [Signature]

Signature of Researcher: Jeandri

Date: 26/06/12

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UWC Male



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Name of Participant: TRESE BANI

Signature of Participant: [Signature]

Signature of Researcher: Jeandri

Date: 26/06/2012



UWC Male



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Name of Participant: SANSOR NATSINHE

Signature of Participant: [Signature]

Signature of Researcher: Jeandri

Date: 26/06/2012

UNC females



## UNIVERSITY OF CAPE TOWN

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Name of Participant: Nomvulo Hlubi

Signature of Participant: [Signature]

Signature of Researcher: Jeandri

Date: 27-06-2012

UWC Females



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Name of Participant: Neliswa Nlasina

Signature of Participant: 

Signature of Researcher: 

Date: 27/06/2012

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UNC Females



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Name of Participant: Akhona Diniso

Signature of Participant: 

Signature of Researcher: Jeandri

Date: \_\_\_\_\_

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UWC females



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Name of Participant: RINA NKHOLONKO

Signature of Participant: RINA

Signature of Researcher: Jeandri

Date: 27/06/2012

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UNC mixed



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Name of Participant: Dylan

Signature of Participant: [Signature]

Signature of Researcher: Jeandri

Date: 26/07/2012

UWC mixed



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### School of Management Studies

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Name of Participant: Keenan

Signature of Participant: 

Signature of Researcher:

Jeandri

Date: 26/07/2012



UNC mixed



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Name of Participant: Karabo Morgan

Signature of Participant: [Signature]

Signature of Researcher: Jeandri

Date: \_\_\_\_\_



UWC mixed



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Name of Participant: Ashraf

Signature of Participant: [Signature]

Signature of Researcher: Jeandri

Date: 26 July 2012

UWC mixed



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Name of Participant: S. MHLANTLO

Signature of Participant: [Signature]

Signature of Researcher: Jeandri

Date: 26/07/12

UCT females



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Name of Participant: Josephine Benedek

Signature of Participant: [Signature]

Signature of Researcher: [Signature]

Date: 09/08/2012

UCT females



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Name of Participant: Amy Yeenstra

Signature of Participant: *Amy Yeenstra*

Signature of Researcher: *Jeandri*

Date: 9.08.2012

UCT females



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### School of Management Studies

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#### Focus group consent form

Dear Student,


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Name of Participant: Kirsten Porter

Signature of Participant: 

Signature of Researcher: 

Date: 09-08-2012

uct females



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Name of Participant: Katherine Jennings

Signature of Participant: 

Signature of Researcher: 

Date: 09/08/2012

UCT males



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Name of Participant: Soshua Nott

Signature of Participant: [Signature]

Signature of Researcher: Jeandri

Date: 04/08/12



UCT males



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Name of Participant: Jared Thom

Signature of Participant: JThom

Signature of Researcher: Jeandri

Date: 09/08/2012



UCT males



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Name of Participant: Brendan P. He

Signature of Participant: [Signature]

Signature of Researcher: Jeandri

Date: 9 August 2012

UCT males



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Name of Participant: Peter Woodroffe

Signature of Participant: [Signature]

Signature of Researcher: Jeandri

Date: 09 August 2012

UG mixed females



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Name of Participant: Dana Toerien

Signature of Participant: [Signature]

Signature of Researcher: Jeandri

Date: 9/9/2012

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ICT mixed females



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Name of Participant: Rhuno Schambo

Signature of Participant: Rhuno Schambo

Signature of Researcher: Jeandri

Date: 9 August 2012

1st mixed females



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Name of Participant: Paula ten Hope

Signature of Participant: 

Signature of Researcher: 

Date: 9-08-2012

101 nix Boudles



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Name of Participant: Keketso Tsita

Signature of Participant: [Signature]

Signature of Researcher: Jeandri

Date: 9 August 2012

UG mixed Females



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Name of Participant: Sumi Senebana

Signature of Participant: [Signature]

Signature of Researcher: Jeandri

Date: 9 August 2012



## **APPENDIX C: FOCUS GROUP QUESTIONS**

### **Semi-structured focus group questions**

**Project title: The role of social media in HIV/AIDS communication**

#### **Qualitative research questions:**

1. What social media platforms do you use – and why do you use it?  
(Various platforms that students frequent)  
(Consume information vs. Create information)
2. How do you use social media in everyday life?  
(Gain insight re contexts of use)
3. Do you use social media for health-related issues?  
(Yes/No)  
(Better insight re understanding of/and which health-related issues)
4. Do you use social media for HIV/AIDS-related messaging/communication?  
(Yes/No)  
(Gain insights regarding perceptions towards using social media for HIV/AIDS comm.)
5. Do you think there are benefits to using social media for HIV/AIDS messaging/communication?
  - What are these benefits?  
(Based on factors identified from literature study – convenience, accessibility, fun, personalized messaging, open forum, easy dissemination of information, positive experience encourages newcomers)
6. Do you think there are limitations to using social media for HIV/AIDS messaging/communication?



- What are these limitations?

(Based on factors identified from literature study – erroneous information, validity of source, privacy, trustworthy sources, self-reporting, ethical implications, negative experience discourages newcomers)

[Additional or back-up question to potentially ask at the end of the focus group: What is your perception towards using social media for HIV/AIDS messaging/communication? Why?]

Main objectives of the study to be revealed to participants at the end of the focus group:

To gauge student perceptions regarding the role of social media in HIV/AIDS communication.

To identify factors that influence students' perceptions toward using social media for HIV/AIDS communication.

## **APPENDIX D: FOCUS GROUP TRANSCRIPTS**

### **Focus group**

#### **UWC – Black males**

**26.06.2012**

#### **Focus group transcription**

**Researcher (R):** Do any of you guys use social media (SM) and why do you use it?

**Focus group participant (FCP) 1:** Uhm, yes, Facebook, just to comment on Facebook, social networking with friends from overseas.

**R:** OK

**FCP 1:** Yes, it's much more easier. But I'm not into, like 24-7...

[FCPs all laugh and agree]

...but I just to, uhm, comment, just to see what's happening around. It's an easy way to know how other people live, if you're curious about their lives. It's a very good place to pick-up women too.

[Other participants all laugh]

**FCP 2:** For me, things like Facebook, it's, a lot of people found it was an escape – a lot of people use it as an escape to, you know, I escape my reality, 'cause, you know, on Facebook I can update my status and say I'm at the beach, when I'm not... I can say, uhm, I'm having, uhm, life is good, while life is not.

**R:** OK

**FCP 2:** There's a sense of some sort of escapism coming through.

**R:** OK

**FCP 2:** And your escape becomes Facebook, uhm, but once again it's also a good way to stay in touch, uhm, I mean, your fingertips, you find people that you haven't seen in 10 years, at your fingertips, my name and my surname, if you don't remember my surname, bam, there I am. Like [Respondent 1] says, what I'm doing, where I'm living, what I'm driving, where I work... It's all at your fingertips. Otherwise, that information before, you would need to actually meet me, you would need to actually sit down and talk to me... "oh I've actually moved houses now, uhm, I'm dating so-and-so now"... [laughs] ... You know, it's made the world smaller, but once again, the whole aspect of escaping reality and things, that's something that I always have at the back of my head, every time that I'm on it, I'm not really sure... "is she really doing her Master's?"; "is she really at the beach?", or "is she really dating him?". 'Cause, you know, I could do it? I could sit there, there's a computer, I could update my status: "having coffee with so-and-so", while I'm actually chilling here.

**FCP 3:** With Beyonce...

[FCP all laugh]

**FCP 2:** ...a sense of escaping reality. And I think, why it's taken off so much, like anywhere, everywhere else around the world... just the sense that you can, if you choose to escape your immediate surroundings and just entrust yourself in that, you know.

**FCP 4:** In my case, I use SM, especially Facebook, one time, all this time, for, to keep in touch with people at home, family members or stuff like that. I find it much more cheaper than making phone calls. I can see them, what's up, I mean, what's up Facebook, for I don't know how many hours, I mean, it's cheaper than making a phone call.

[FCPs all agree]

**FCP 4:** If I speak 5 minutes, 'cause my friend is almost, like, out of the country, so especially when making a phone call, so, that's why I use Facebook.

**FCP 5:** Ja, in my case, I mean, if you're on campus you use Facebook, it's cheaper, I mean it's almost like free, I mean it is free.

[FCPs agree]

**FCP 5:** But if you are paying back, I don't know all the systems and things that are going on... But people get addicted to Facebook. I know a lot of ladies especially, according to me, that are addicted to it. But I think there's a thing of controlling it. Like, you met friends, ja, you can ask a friend education stuff, or what, politics, you can ask it on Facebook, and it's a more like face-to-face thing almost, like the reality, [points FCP 1] you say you escape the reality, but it's more like the real thing, because you know they are sitting there now and talking to you like that now. It's like, it's even better than phone sometimes, and it's cheaper, like [FCP 3] said earlier. But ja, I don't have a problem with SM.

**FCP 2:** It's also brought a lot of new things, like, I remember Facebook before links came, and it was just, you were adding, you were saying "hi", you were saying "goodbye". Now there's links, like, we want to get a company off the ground – what are we going to do? Are we going to create a cool video? Are we going to create a link on it? Are we going to send the link to everyone on Facebook? And then we can also monitor how many people are looking at what we are saying. So information is just accessible, you know, a lot of things, I mean, like the secrecy bill in fact, a lot of us would have not really known about it, 'cause if you're not really into that sort of circle, you would've not really known about it. But like on Facebook, on social networks, everybody was saying, you know, "let's all come together and say no to that because of...". Otherwise the information, I would have either had to go out and buy a newspaper, or I would have had to get home at 7 o'clock to watch the news. But now, I'm sitting here, I get a link on my phone and I open it up, and...[points to phone] ok, cool.

**R:** So the news finds you, you don't find the news?

[All participants agree]

**R:** So, tell me – do you guys consume or create more? So, would you go on Facebook to find information, or do you go on Facebook more to create your own stuff, like for instance to put a link together or to put information out there, or to update your status? Or do you rather go and see what other people are doing more?

**FCP 5:** Yeah, I think it's more about creating, because you want to be out there, being seen as the first one coming out with the new stuff. I think it's more of a fashionable thing.

**FCP 2:** See, that's the thing also, it's why I am saying it's an element of escaping, because, I look at [RCP 1]'s status, if the order of the day, if [RCP 3] wakes up first and he's like, "yo, man, I'm having a good day", chances are, that everybody who comes after him, they will also want to repeat that. Nobody's gonna come and say, "you know what, actually, my day is k\_k". It's like "[RCP3] is having a good day, why is he having a good day? I'm not going to have a good day, I am going to have a kick-ass day"... it goes on – they're cutting & pasting those statuses.

[All participants agree]

...For me, I look at people that have got a thousand, I think, I dated a chick that had a thousand and couple of friends, I'm like "how many of these people do you actually see?" And she's like [shrugs shoulders], I'm like, "no, seriously, think of it, how many of these people are actually your friends? Who is your...?"; and, I think – about 20, 25. Because, realistically, do you really need a thousand people?

**FCP 1:** But for me, it's more like, uhm, I don't update much, you know.

**FCP 3:** Yeah.

**FCP 1:** It's more, like, understanding what other people are doing, you understand, like just to be curious ok, because Facebook, you must understand, for me, it's where you can build your life or, it's where you can break it, your life, you understand? Each and every idea that you want, it's like Internet, not only Facebook – do you understand – like anything that you want to become, all the ideas, they're there, you know? Even if you want to be in the entertainment or the business and entertainment industry, you can start seeing the trends, you know, what people like and all of that. It's a mass media where you can get ideas, because we are in university, most of us, to become something in whatever we can become, and you know, they have – Facebook or any other social media – they have insights of what's happening.

**R:** And what other SM platforms do you guys actually use?

**FCP 5:** I was going to say, for example Twitter, that I use Twitter also – I wake up early in the morning and I check all the news, what's going on around the world, what I missed. Now, for example during this soccer competition or tournament... and I missed a game last night because I slept already, and I just wanted to check what happened, who scored, who won and stuff like that, to that degree, I use Twitter much more to know what's going on out there.

**R:** Anyone else who uses Twitter?

**FCP 4:** Not really often though, I think it's more international thing – just to get some more international news. Facebook is more of a closer community...

**FCP 2:** Another thing I didn't like about Twitter, is this thing of "follow me on Twitter" – once again, another... "What?".

**END**

## **General notes:**

### **What social media platforms do you use and why?**

- Facebook is the most popular social media platform that this group of focus group participants use.
- Facebook is perceived as a community and students all want to be “belong” or fit in somewhere.
- FCP noted that students want to belong to something aspirational or want to be seen as knowing people who are aspirational – Facebook allows them to show-off their connections and social standing.
- Twitter is perceived as not being a personal enough SM platform.
- BBM is perceived as a status symbol and a cheap and immediate way to communicate.
- Focus group members are very selective and purposeful in terms of whom they connect with in a social media context.
- According to FCPs, there is no space for individualism if you are going against the grain of who or what is currently trending, i.e. if Khanyi Mbau is the current celeb of the week, there’s no space for an individual who attacks her on any SM platform. Everyone will turn on individuals who go against the current trending grain.

### **Consume vs Create**

- In terms of contributing to the conversation, focus group participants noted that they are very careful in adding to conversations and that their contributions are usually well thought-through. They would prefer to be seen as setting the trend as oppose to only following others (only consuming).
- Although focus group participants noted that they’d rather be seen as trendsetters, few of them actively contribute to new content – and they admittedly rather visit Facebook or Twitter to see what they’ve been missing out on.

### **Do you use SM for health-related issues?**

- None of the focus group participants commented that they SM for health-related purposes.
- FCP noted that they would only use SM for health-related info if it were a trending topic.
- If it trends, then yes they would use SM for more info, if it doesn’t trend, then they wouldn’t use SM for more info.
- If the topic isn’t aspirational, or relates to fashion, politics, something that’s current and relevant news, then they don’t care and wouldn’t use SM to spread the message or find out more about the topic.
- According to the FCP, any health-related information has to be entertaining, trendy and involve popular culture, in order to grab attention.
- The Kone viral campaign was cited as a good example of how to grab attention and to get a topic trending.

**Do you think there are benefits to using SM for HIV/AIDS messaging/comm.?**

- FCP felt that the “Scrutinize” and “LoveLife” campaigns were ineffective and not relevant to them
- All FCP asserted that they do feel SM could be beneficial to communicate HIV/AIDS messaging, especially to secondary and tertiary students – as the participants felt that this is a critical stage of HIV vulnerability.
- FCP noted that status is very important to students, especially at tertiary level, so whatever initiatives would be presented to them would have to be trendy, otherwise they will not be interested.
- One FCP noted that SM is now setting the tone for the masses, and shouldn't only be regarded as a medium anymore.
- The FCP all agreed that they would be open to receiving HIV/AIDS messaging/comm. via SM, if it was current, relevant info, coming from a trendy or popular culture source and introduced to them in a fresh and innovative way.

**Do you think there are limitations to using SM for HIV/AIDS messaging/comm.?**

- A lot of suspicion – why would someone want to share something about HIV/AIDS by using their own personal SM profiles?
- If a trendsetter shares HIV/AIDS information, i.e. puts up a status update that they are getting tested at a free testing station on campus, then it would be acceptable.
- If a trendsetter distributes HIV/AIDS information – even if it is misinformation or false – then it would be acceptable/or the information would be positively received by the trendsetter's followers/friends/community.
- One FCP noted that people follow the leader, even if they don't really agree with what the trendsetter is saying. If the trendsetter dismisses something, then the followers will do the same, even if it is legitimate.
- A FCP asserted that LoveLife is not tuned-in to the specific student culture and trends, and that is why students don't take any notice of what they are doing or trying to do on campus.
- “Association” is very important – the source sending the message is very important – the source has to be trendy and form part of popular culture.

## **Focus group**

### **UWC – Black females**

**27.06.2012**

#### **Focus group transcription**

**Researcher (R):** My research is about SM and different perceptions that students have around SM. There's a difference between social media and social networking – social networking is the actual action that you do, when you're going on to a social media platform. Social media, is basically, uhm, the word that encompasses all the different platforms that you can use when you are either doing social networking or anything else, i.e. when you are using BBM, Twitter, Facebook or any of those platforms. So today, maybe to start off, I'm going to ask you girls, first of all, whether you do use social networking platforms, and which ones do you use? So, do you use social media and why? Do you use it – don't you use it?

**Focus group participant (FCP) 1:** We use it quite a lot.

**FCP 2:** Yeah.

**FCP 1:** I think Facebook is more like, what I use the most.

**FCP 2:** But I for one, I don't have Facebook, I don't like it – I feel like it's too public for me. And, uhm, I know you can control Facebook and so whatever, but I know nothing about it, but I know if someone knows you or whatever, they can just get you on there, and I just use mostly BBM and Whatsapp, 'cause people who can get me there have access to me, it's people that know me, that's all.

**FCP 3:** I use MySpace.

**R:** Do you still use MySpace?

**FCP 3:** Ja, MySpace. It's what I use most of the time...

**R:** ...and what do you use it for, when you go onto MySpace?

**FCP 3:** Uhm, checking new hits, and stuff, music really, I'm kind of into music, not social networking.

**R:** I'm just making shorthand notes, you girls can chat away if you've got anything to add? So, other than Facebook and MySpace for music, do you use Twitter at all?

[participants grumble amongst each other]

**FCP 1:** I don't use Twitter... I, uhm, I have an account on Twitter... but, I think the only follower I have is my boyfriend. I think it's a bit too hard for me, I can't get around it. I can't get my head around it.

**FCP 3:** It's just too much...

**FCP 1:** I don't know, I just get lost. I tried to use it when I first got my other phone, and I'm like, ok, fine, and I barely use it. I hear other people talking about it, but I...

**FCP 3:** What is the buzz with Twitter anyway? What, what is it about?

**FCP 1:** I think it's more like Facebook, or something like that...

**FCP 4:** You can put your updates on it more often, like topics, like "what women want", Twitter is like ten things. Like, usually on Facebook, you can make your Facebook and your Twitter account together...

**FCP 1:** ...but can't you do all your things together?

[participants all agree]

**FCP 1:** You can do that with BBM and like link...

**FCP 4:** ...and every time you have a status, I look at people's statuses – on Facebook it's once a while, but Twitter – it's like every hour somebody is putting a status. Like, "look what's on TV", "this is what I'm doing"...

[participants all laugh]

**FCP 1:** You get people like that on Facebook!

**FCP 4:** ...and they know, they don't know that I'm seeing their updates, like, it's really bad, it's like every two seconds there's an update.

**FCP 3:** Oh...

**FCP 4:** Ja... That's the only difference.

**R:** So tell me, when you use a SM platform, do you mainly go online to see what other people are doing, or do you go to say what you are doing? So do you create more information, or do you consumer more information?

**FCP 4:** I consume. I usually look-up what other people are doing, or recent events. Usually, I'm behind, so that's how I manage myself.

**FCP 2:** I'm not usually that involved. On my BBM I've got five people, of which two are my research mates and the other three are my girlfriends. I don't really have much to say, so...

**FCP 1:** Funny enough, I remember how I really got hooked into Facebook. Remember the Monday test? [looks at other participant]. We started having a test on every Monday, but the thing is they always mess us around with the date or the venue. The first day when I really – cause I had a Facebook account, then I stopped using it for a while – but the other day, I was thinking that we're writing in the second period, and somebody pasted on Facebook, [person X] pasted on Facebook, that we're writing on the first period and everybody was there and it just got, got that message a few minutes before the test. So from there on, I became a regular on Facebook, but ever since then...

**R:** OK, so that brings me to my next question: if you are mostly using Facebook, so you say you use MySpace more for music and to see what's happening, what's new...

**FCP 3:** Exactly...

**R:** ...and for Facebook, what do you guys do? Do you go online to see what parties are happening, what your friends are doing? Do you go onto LinkedIn, or do you look for work, or anything like that? Do you use it? What context do you use it for? Is it mostly social?



[participants chat amongst each other, saying mostly social, reading updates, seeing who's doing what]

**FCP 4:** ...like, even when I'm not watching something, like, even a soccer match or Big Brother, and I want to see who's come out – usually people post an update every two seconds... “this is what's happening, this is what's happening”...

**R:** OK...

**FCP 3:** Also, LinkedIn...

**R:** Do you use LinkedIn?

**FCP 3:** Ja, I use it. When I want to see, you see whenever people post on weekends, that somebody's in this position and doing this kind of thing, when I'm doing research, mostly doing IT research stuff, you just go back to the people's sort of business profile to see their updates, to see what is really happening on the outside of the world, so that you can link it to the, you know... [gestures with hands that you link it with the present and rubs hands together].

**R:** And tell me, do you use SM at all for any health-related issues? Say for instance you have a cough, or do you follow anyone who is a medical practitioner or, it doesn't necessarily have to be a medical practitioner, but, say for instance “Hello Doctor” – would you follow that link or like that page on Facebook?

**FCP 4:** No...

**FCP 1:** I think I would myself, because, I think because we're pharmacy students...

**FCP 2:** Yes... [nods head in agreement]

**FCP 1:** ...and a lot of people do ask me for advice, like, OK, my family, they would be like, “OK, fine, I've got this and that, what would you suggest?” A few friends that do know I'm studying pharmacy would ask, “OK, I've got this”, like, give me a few symptoms, and I'll try and see if I could find out what it could be or how they could treat it...

**FCP 4:** Mostly people call me for that kind of thing. They don't put it on Facebook or any of the social mediums.

**FCP 2:** I think that could be something that would persuade me to join the social, uhm, like Facebook or whatever. 'Cause I've read that, what's that thing called, the agencies, they also post something for global careers and I think that is something that could really make me to join.

**FCP 1:** And we do have those, uhm, other things with pharmacy students, uhm, like the pharmacy students group, where they tell you like, when they've got stuff...

**R:** So you have a group on Facebook?

**FCP 1:** Ja, we've got a group of pharmacy students all around that's on Facebook, like there's a new job, maybe there's something that you as a PS [pharmacy student] needs, that's on whenever, like the pre-entry exam is on “this” days, or the interns group is going to write a pre-entry exam, so “do you guys want to meet”, there's like classes from Butler, Butler had a few classes for them... So things like that, you just keep connected with other...

**FCP 4:** We don't have that group on Facebook, we've got that group on Whatsapp. Ja, we've got a group of pharmacy students, where they tell each other everything.

**R:** OK, so as a community you will do that. (Asks question to FCP 3) What do you study?

**FCP 3:** Information Sciences

**R:** So, you are very comfortable with this kind of medium? Social media in general?

**FCP 3:** It depends. In our school exercises we get a lot of programmes to do such things. I don't think communication about whether we do login to a programme or something like that. But what I would say, is that we have sort of blogs – that's what we're interested in. That for me, not so much SM, we have blogs where we say "this is a new programme" or something like a job application, a Whatsapp application, a new notification – this kind of thing.

**R:** So forums almost? Blog forums as communities.

**FCP 3:** [Nods head in agreement]. Blog forums. That's what we're into.

**FCP 4:** And also, Facebook usually, it is usually used for people, like, who you are no longer in touch with, or people who are far. That's what we use it, like SM, for.

**R:** So it's not really for close ties, it's more a "know of", if you don't have a close relationship with these people anymore?

**FCP 4:** Yes. It's just to stay in touch with people in your past.

**R:** So tell me, do you guys use SM for any HIV/AIDS-related communication or messaging currently?

[All FCPs state no]

**R:** Do you click on communities, or if someone would send you a message using any SM platform – would you connect and actually dive in to find out more?

**FCP 3:** About HIV and AIDS?

**R:** Yes.

[All FCPs state no]

[All participants burst out laughing as they shake their heads]

**R:** Why not?

**FCP 3:** Uhm... Personally – this is my opinion...

**R:** That's what I want...

**FCP 3:** I wouldn't want to follow something like that, because I believe, that around me I have enough warnings, enough posters that's been around, enough speeches – people have said enough about HIV and AIDS, and I know myself and I know where I stand. So why go around and poke all those things that have been posted out? I mean, for me, personally, it's a waste of time, and I know too much already. I don't need to know about it.

**FCP 2:** But for me personally, coming from a medical aspect or that, I think I would follow. 'Cause we've done a lot of HIV with Prof. Mogamo and I actually like the drugs and all those stuff, and they're actually developing some new ones and I would like to find out more about that.

**FCP 1:** Yes, if it was something along the lines of research, like a group, like a research group saying we're going to be doing – do you get what I'm saying? [looks at other focus group participants] – we're moving towards a cure, or something like that. Or if it's a foundation where I can help somewhere, maybe, like a foundation where there are AIDS orphans and I can kind of contribute and help.

**FCP 4:** The other day I went to do the free HIV testing...

**R:** Ja

**FCP 4:** ...and my friends were like: "Why are you going to test for AIDS – do you have something? Do you have AIDS or something?"...

[All focus group participants laugh and snigger]

**FCP 1:** Do you still have people who think like that?

**FCP 4:** It's just a free test, and to them it's like... and I'm like: "OK, let's go and do it, you can come with us".

"Huh-uh, me, I know myself, I know I don't have AIDS, so I don't have to go for testing."

**FCP 1:** Do you still have people ignorant like that?

**FCP 4:** Ja!

**FCP 2:** Ja, my other girlfriends, they're like: "I prefer not knowing, because if I know I will get thin, and I will get all like that", so I'm like, OK.

**FCP 1:** Are you serious?

**FCP 2 & 4:** Ja!

**FCP 1:** I didn't think there were still people like that? And there [FCP 3] was like saying that we've got like too much knowledge, but yet there's still people who...

**FCP 2:** And it's people who know this stuff. It's not like they're not educated or what, they're "illiterate". They know.

**FCP 4:** Ja! They know, most of them know about AIDS, but still, they wouldn't want to go testing or anything like that, to them it's not fun.

**FCP 1:** It's not really fun.

**FCP 4:** Ja, but I mean it's actually encouraging, because a lot of people go testing, a lot more people want to go, now if a few people are going and it's like embarrassing and shy, most people wouldn't want to go...

**R:** So, on that point, do any of you girls think that there would be a benefit to using SM to communicate to students about HIV/AIDS?

**FCP 1:** Ja

**FCP 4:** Ja. When there are a lot of people, actually, on that SM, a lot more people want to join. People don't want to join when somebody is not there, like, they want to join when they can see it's a lot, a group, and there are more people, it's like a peer thing – that's how it usually happens.

**R:** So a trendsetter?

**FCP 4:** Ja.

**FCP 3:** Like the cool people.

**FCP 1:** You know how kids are when the cool people are there. And you have to be really strategic about it in a sense. You're not going to say, or people haven't said: "AIDS kills"; "ABC rules", and stuff. Yeah, OK – we've heard all that!

[All participants laugh and agree]

**FCP 1:** You have to be strategic in the sense of saying... Finding your way to put it out there, I don't really know how, but don't just use what has been used...

**FCP 3:** Exactly.

[All participants agree]

**FCP 1:** Things that are overdone, like getting those rich celebrities to say: "I have tested – do you know your status?" Everybody has heard that, everybody is using that. It [shrugs shoulders]... there has to be an angle...

**FCP 3:** An untouched angle.

**R:** OK. What do you girls think would be a benefit to using SM? Like, do you think it would be an easy way to get information out there, or any of those types of things? Do you think that, if you have a positive experience and you share it via that group, it would encourage others to join that group?

**FCP 1:** I'm not sure. It depends. If you just share it with them, they'll be like, "oh", 'cause you get those kids on Facebook and stuff, they just like attention...

**FCP 3:** That's the problem – depending on what you share on the SM, people have different views about it. If I say to you that, on a SM like Facebook, I went to test for HIV, but I don't share my results, people draw to conclusions.

**R:** So privacy would be...

**FCP 3:** Ja, would be an issue. Because I've seen such cases before, that someone's saying that, depending on what you are actually posting on Facebook, that people can comment, 'cause people...

**R:** ...and also because it's an open forum?

**FCP 3:** Exactly. People? Ai, huh-uh...

[All FCPs laugh]

**FCP 4:** It's a tricky topic, because people don't really want to talk about it. Up to now it's more like a personal thing, and people still have that stigma...

**FCP 2:** It's like religion.

[All FCPs agree]

**FCP 2:** It's sensitive.

**FCP 4:** Ja, it's a sensitive issue up until now, so even if you put it on Facebook, a lot of people will be like, "hmmm, OK, I see"... But if you talk about: "I woke up this morning"... and whatever, they comment – something silly, they comment. But something serious...

**R:** So maybe if it's more fun, then people might be more open to...

**FCP 4:** ...share...

**R:** ...and to get involved...

[All FCPs agree and nod]

**R:** ... as oppose to divulging personal information?

[All FCPs agree]

**R:** What about convenience? Do you think it's convenient to share information using SM, about HIV/AIDS, or not really?

**FCP 4:** Something that's so personal? I don't know.

**FCP 2:** It all depends on who you're sharing with.

**FCP 4:** I don't think it's quite a good idea with things like Facebook, 'cause Facebook is really not personal... More like...

**FCP 2:** I don't like Facebook...

**FCP 1:** I have like, how many "friends" I don't know – who I've never met – and they'll be telling me like "blah blah blah", and I'm like: "Who are you, again? Are you supposed to know me?" Yeah, you get a lot of... It's not as... close, you get what I'm saying? You just talk to everybody; you just add other people and sometimes you don't even know them, it's just like: "OK – you're from Mpumalanga, I'm from Mpumalanga, I probably know you" and then you add them.

**FCP 4:** Just to make your Facebook friends a bit more. Increase the value of your popularity. A lot of people have one thousand or two thousand friends, and you wonder.

**FCP 1:** And you don't know most of them.

**FCP 4:** They don't know most of them.

**FCP 1:** Never met this person...

**FCP 4:** So for something like HIV that's very personal, you need to be able to share it only with your real friends.

**FCP 2:** But in a way, as we are pharmacy students, we do encourage people to like, open up and share their status to other people, so why don't you stay off my back?

**FCP 3:** So how many people do actually open-up and share their status, among your peers, how many?

**FCP 4:** And also, maybe, like a lot of SM people want to, it's more like a way to show people that you're doing well, or you're doing something, or you're having fun. Now having something like AIDS, or being associated with AIDS, it's not like...

**FCP 1:** ...the swag...

**FCP 4:** Yes, exactly. So people will be like: "Hah, I'm better off than this person!" You see, so it's not really a thing where you can show that you're not doing well.

[All FCPs laugh]

**R:** You girls are giving me very good insights. So lastly, what are your perceptions regarding using SM for HIV/AIDS – whether it's a benefit or a limitation – or just in general, what are your general last thoughts about using SM for HIV/AIDS communication?

**FCP 1:** All I can say is, it would be a benefit if you just find a good strategy and an angle. It's how you put it out there – you have to be careful with how you put it out there.

**FCP 4:** It's a benefit, on the awareness and things of HIV, but like she said – you just have to be very strategic, yeah? And, if you see most of the times, it's the young people that actually have AIDS, the statistics, and it's actually the young people who use SM – so that's very strategic.

**R:** So don't you see yourself as a young person?

**FCP 4:** [Laughs] Yes.

**FCP 1:** Us young people!

**FCP 4:** So you just have to be very strategic with how you do it.

**R:** And it doesn't have to be any of the existing platforms? It could be a different platform – just the mechanics of how SM works, that could be used? [To FCP 3] You don't look convinced?

**FCP 3:** Uhm, I'm trying to think. Uhm, when [FCP 4] said that you must have a good strategy on how to put it out there, you can have a good strategy but, a good strategic plan say, but implementation of that plan is important. You can write your plan, or whatever, but implementing it, and putting it into work, is the main thing that you're going to have a problem with. Because I can give you this paper and say these are the words, you have to put them together, put how I perceive those words, is different. So implementation based on whatever the strategy would be, is the problem here – how we perceive it, is the problem. 'Cause it's not a bad idea to put it on Facebook, but how do we perceive it?

**R:** That's what I want to know.

**FCP 3:** Ja.

**R:** That's what I want to know. That's my question – what is the perception?

**FCP 2:** I think that, basically, if you can just check with the groups that you're really targeting, and then you get their views, I think you can – 'cause each and every one of us have a different way that you perceive any other information, like when you encode and you decode in a different way – so I think if you just, uhm, just find some

info on the groups that you want to, uhm, get their information and to..., I think...  
(nods head)

**R:** So maybe to have a strategy and then present that strategy to your target group...

[ALL FCPs nod heads in agreement and say yes]

**FCP 1:** Pilot it.

**R:** Yes, and then pilot it and see how is it perceived, i.e. positive or negative. But you would be open to receiving communication, relating to HIV/AIDS via SM platforms in general?

[FCP yes, FCP 2 yes, FCP 3 no, FCP 4 yes]

**R:** That's cool, I mean there's no right or wrong. That's exactly what I want to get, those sentiments – to see: is it viable, isn't it viable. I mean, that's the great thing about research, it's objective, so there's no right or wrong. If it's going to be a 'no-no' and you feel like "I've heard it all before, honestly, when I go onto SM I want to escape from the rest"...

[FCP 3 nods head in agreement]

**R:** ...then that's good as well. Then we need to put that into the thinking and say, you know what, actually this could be a waste of time, let's rather find another vehicle where it could be more personal, where we can engage.

**FCP 3:** Yes. I feel like that as well.

**FCP 2:** You put it out there. Even though people, they have that statement like: "I know this stuff, I...", but when they're by themselves, I think they actually do go there and check the info, because somewhere somehow the person does have a saying about HIV and they want to find out, even if they don't want to show it to their peers or no-one whatsoever. Ja, I think it's good.

**R:** OK, cool. Thank you so much, ladies.

**END**

### **General notes:**

#### **What social media platforms do you use and why?**

- Facebook is the most prevalent social media platform that this group of focus group participants use.
- Focus group participants are very cautious about their privacy on Facebook.
- One focus group participant, mainly for music-related information, also uses MySpace.
- This group of focus group participants do not use Twitter.

## **Consume Vs Create**

- Although this group of FCPs stated that they both consume and create content on SM platforms, they admitted to more often “check out” what others are saying and doing, than creating or contributing to the conversation.
- In this group, Facebook is perceived as having the most social and entertainment value; LinkedIn is employed to seek out career opportunities; and groups are formed on Facebook and WhatsApp for specific purposes and for invited community members only. Blogs are also used as a forum to express your views, in like-minded communities.

## **Do you use SM for health-related issues?**

- Focus group participants expressed that they are “fed-up” with HIV education and communication.
- Participants stated that they perceive youth and young adults to be cluttered with information from the HIV-realm.
- The general consensus in this focus group was that if information were coming from a medical expert or from a research insights perspective, then they would be open to receiving the information.
- According to the participants in this focus group, anything connected with HIV testing is stigmatized.

## **Do you think there are benefits to using SM for HIV/AIDS messaging/comm.?**

- Participants remarked that if SM was employed strategically and in a relevant manner, it could be beneficial for HIV/AIDS-related messaging and communication.
- The focus group participants expressed that they prefer interacting with SM when they perceived the interaction to be fun.

## **Do you think there are limitations to using SM for HIV/AIDS messaging/comm.?**

- HIV/AIDS is perceived as a touchy subject. Participants remarked that the open nature of SM, as well as the high value that participants place on privacy relating to the subject, are perceived as limitations to using SM for HIV/AIDS messaging/comm.
- Focus group participants all regarded their HIV/AIDS status as a personal matter and would prefer to only share this information with selected people in their circle of SM connections.



## **Focus group**

**UWC – Mixed males**

**26.07.2012**

### **Focus group transcription**

**Researcher (R):** To start off with today: it's really comfortable, easy-going – there's no wrong or right answer – it's basically just gauging what your ideas or opinions are. Uhm, and I want you to be relaxed, if you want to say something you can just go ahead.

So the first question is, do you guys use Social Media (SM) and which SM platforms do you use?

**Focus group participant (FCP) 1:** Well, I use SM.

**R:** Do you use SM?

**FCP 1:** Ja. So I use things like Facebook, Twitter, BBM, that kind of stuff. Basically the well-known SM stuff, like I'm not a big blogger fan and stuff, so, I won't go write on someone's blog or something. I use it to interact with friends and those sorts of things.

**FCP 2:** I'm also on Liked In social networking...

**R:** LinkedIn?

**FCP 2:** Huh? Yes. O ja... That's also a cool SM where you can talk to businesses and put in your CV and just have a business profile that people can access.

**FCP 3:** I would agree with him on that one... Me, as well, on Facebook. Uhm, I use to have a Twitter account, but I'm not into Twitter anymore. The majority would have to be Facebook and LinkedIn, MXit I don't, you still get a lot of users, MXit users, but I'm not one of them. [Laughs]

**FCP 2:** Thank god for that.

**R:** Do you think that you might have been one when you were younger?

**FCP 3:** I know, when we, when I was younger, I use to use MXit and then, uhm, back then I didn't have a Blackberry and then once I got a Blackberry I just stopped using MXit and started using BBM, Facebook...

**FCP 4:** WhatsApp also...

**FCP 3:** WhatsApp as well.

**FCP 4:** Lots of people are installing Blackberry onto Android phones now as well.

[All FCP agree]

**R:** And you? [Asking FCP 5]

**FCP 5:** It's basically the same. I can't think of any other SM that I use.

**R:** So you guys are pretty connected, hey?

[All FCP nod their heads, say yes and agree]

**R:** Except for Twitter, not really?

**R:** You do use Twitter? [to FCP 1 and FCP 4]

**FCP 2:** I also use Twitter, but not as regularly as maybe a Facebook and...

**FCP 1:** Ja, I prefer using Facebook than Twitter.

**FCP 5:** The problem that, the thing with Twitter, is that there are some unnecessary repeats, as a media platform. I think that it's for a small group of individuals, that's my opinion. 'Cause I don't actually understand how it works, you basically write your reviews and stuff and people follow you, for instance, I wouldn't want to follow my man [points to FCP in group]. If you're a celebrity, we want to know what you're up to and what you are actually doing, but for people that we know what they're doing, it becomes redundant, in my opinion?

**R:** OK, and tell me, just from an interest point of view, so you might see what other celebrities are saying on Twitter, but you won't necessarily participate yourself.

**FCP 5:** Ja, correct. But I don't have a Twitter account.

**R:** Oh, OK.

**FCP 5:** I mean, that's just my views from who uses Twitter.

**FCP 2:** I agree with what he's been saying just now, that he'd rather just look at a celebrity's profile, or what everyone is on about, and sometime not even participate at all.

**R:** OK. So, what would you guys think, just on that point, do you guys use? On platforms that you frequently use – do you contribute quite a lot, so do you post your own status updates and say what you are doing, as oppose to only looking at what other people are doing? Or is it pretty 50/50?

**FCP 3:** I would say that when it comes to Facebook, I would use the newsfeeds and I'll see who made their statuses, and I'll read their statuses, and then I'll contribute to that by commenting or liking it, and then I'll make it my status as well. And a lot of people who come from this side of the world will end up liking it or comment or not, because my statuses are quite, I don't know, it's quite deep sometimes. Not just emotionally, like deep, but like, you know...

**R:** You're interactive – people want to.

[FCP 3 agrees, nods his head in agreement]

**FCP 3:** The whole thing about Facebook is, it's, people's suppose to be interactive, so I like making my statuses something like, an attention grabber, so that people can read it and people can comment. Because I like people's opinions and I like to comment on that as well. Like, the other day I made my status, uhm, it's so surprising, like, you'll see when you look at people and they assume that you're Muslim when you have a Muslim name, but you're actually Christian. And then a lot of people actually commented on that one, saying, ja, I have to choose where I want to be – either I'm Muslim or I'm Christian. But I know where I want to be and who I am. And then I kind of tuned them and... there's a whole argument...

**R:** So you actually use it quite a lot as a platform to talk to people, like a conversation starter or thought-provoking thing to talk about?

**FCP 3:** Ja... It's something people won't do it in person, so I mean...

**FCP 1:** For some people, they find it easier to hide behind, let's say a PC or a phone or something, where they can express their thoughts better than out in person, because some people just don't have that people skills.

**FCP 4:** It's a lot about confidence.

**R:** Would you guys also be more lenient to going to one of your SM platforms to express yourself, as oppose to face to face?

**FCP 1:** I think everyone is. So it's more of like, you're at ease, you're in your own environment and you can express yourself thoroughly, through SM. Like you can actually express your thoughts, whereas if you do it face to face, and...

**FCP 4:** ...stuff can happen...

**FCP 1:** ...things get heated up, and then, you know, you might just walk away without being able to fully express...

**FCP 3:** ...say what you were thinking...

**FCP 1:** ...your thoughts.

**FCP 4:** It's a peaceful way.

**FCP 5:** It's a good way to actually, if you have a disagreement with someone, to actually put it out there. And there are people that understand what's actually happening, I mean, it's very dangerous, for instance, people can gang up on other people using that platform, 'cause I might not like what this guy said about me, then everyone gets involved, so it can be dangerous.

**R:** Do you guys think that sometimes there's a bit of a "mob mentality"? That even though what someone is saying, because they are influential and they have almost a platform to say something, you will agree with them or go with the group sentiment, even though you actually don't agree with what they're saying?

[Majority of the FCP agree that they would go with the group sentiment even if they don't necessarily agree with it]

**FCP 5:** It depends on the individual.

**FCP 1:** I think it depends on the influence.

**FCP 3:** It does happen more often than not.

**FCP 4:** It happens a lot, because you don't want to cause extra commotion, so you just go with it. We're very lazy people, so we don't like to make extra effort for ourselves.

**FCP 3:** I think I'd like to go with him, because it's actually, I think, in terms of when they "side with me", or something like that, in most cases people actually, uhm, invite a member to a group – maybe on Mxit or BBM – and then they all gang up on that one person.

**R:** So have any of you guys been a part of something like that before?

[All FCPs shake their heads to motion no]

**FCP 3:** No, I've never experienced that before.

**R:** But you've heard about it?

[All FCPs nod in agreement that they've heard about similar incidents before]

**FCP 5:** But it can happen in lighter form, 'cause the status updates that people put up there, is to make a point and it might not be cyber bullying...

**FCP 4:** We might not know it's seen as cyber bullying, we do not know what they're thinking – we never know who it's directed to – us or...

**FCP 1:** It's an indirect thing...

**FCP 5:** Ja... Similar to that.

**FCP 4:** Same with profile pictures.

**FCP 5:** Same as what?

**FCP 4:** Profile pictures. Like, you get profile pictures of yourself, but you get other profile pictures, they say something or it's a picture of something – people use it for their own interests. Maybe to try a point or to show someone something.

**FCP 5:** It's a way of making other people, making ordinary people feel important. You have an entire platform to say just what you want and people are forced to actually listen to what you have to say...

**FCP 2:** Whereas they can't shut you off. You might not move into a completion with a difficult conversation, so on that thing it's uninterrupted – you say what you want to say, you make your point, you get to think about it – you know, and then somebody will add, whatever...

**R:** And tell me, in terms of the contexts that you use the different SM platforms, like you mentioned LinkedIn for work-related communication, how do you guys usually use the SM platforms? And do you have a bias towards one? You mentioned that you use quite a number of SM platforms, so are you more inclined to use Facebook for social purposes like parties and events, to see what your friends are doing...

**FCP 1:** Ja, I think Facebook was set up for very social things, even though like businesses and stuff also, like managed to set up pages and stuff that you can visit and that, but me, personally, I use it, I've got some family also overseas and stuff, so I use it to keep in touch with them, 'cause it's an easy way to do it. And I mean, it's just like, you can check what your buddies are doing, I mean, people can invite you to events and stuff through there, and I mean you can go attend. So I mean, it's just like also a way of, not everyone has BBM, and also not everybody has MXit, but basically everybody has Facebook or some connection to Facebook. So even if it's like messaging someone, inbox someone something, just to clarify something, that's what I use it for.

**FCP 5:** For me, initially I used it because my cell phone got lost, that's why I actually joined Facebook – so that, to get people's numbers. Like on Twitter, and stuff like that, it's easier to actually get your friends list like that, if you're looking on a friend's list that you know or stuff like that, so you can actually be connected with the people that you would've been...

**FCP 3:** ...have lost and they can't contact you...

**R:** And LinkedIn?

**FCP 2:** Uhm, LinkedIn, I don't use it that much, I actually use it for my business, like to have my work and portfolio out, I actually use Facebook, I just put a link there to my YouTube channel, or whatever the case may be, and that's how I engage, because with the...what's it again?

**R:** LinkedIn

**FCP 2:** O ja, LinkedIn, is just so that if someone wants to see my background and all that kind of thing, they can just go on LinkedIn. I don't really interact that much, I will maybe follow businesses on Twitter, or "Mags on Media" on Facebook or whatever, but I don't use my LinkedIn account to actually interact like that.

**FCP 5:** Lots of people use Facebook for dating, to get numbers...

**FCP 3:** That's one thing I don't like though, people have, uhm, they've stopped making an effort.

**FCP 4:** SM has really made it harder, because you now have to, when you meet a new person... people don't know how to even... they've lost that [motions face-to-face connection]... because everyone's hiding behind a phone. So there's no more of that...

**FCP 5:** So you'll be sitting with a girl, and then you'll be like: "What's your barcode, what's your pin name..." and you'll be BBM'ing each other...

[All FCP laugh]

**FCP 4:** That's the only platform now, now you can't even... there's no need to know the person first. But if you want to get to know new folk, you have to get the phone first, talk to them on the phone first, and once you get the feel, that's like your introduction phase. And then you, then you try.

**FCP 5:** Especially to operate the thing. That's why it's hard. You don't know how to use updates or stuff like that, because it changes all the time. So that might be bad for me, because you don't understand the thing and you might just look like an idiot.

**FCP 3:** Yeah but like this weekend, this past weekend, my friend actually, I asked my friend, I thought about it, I asked her: "How many times a day does a guy approach you", like because, it's just a thought that jumped into my mind, "how many times a day does a guy approach you and asks your number?" Usually, where I work, people, guys ask for BBM pins, or, like your Mxit number, or something like that, but they don't ask for your cell phone number and they don't communicate with the girls anymore. Because usually, like, if I see a chick over there and I see that this chick is talking to him, and I know him, then I will go to him and like, "Yo, what's that chick's name?" And then, this evening, I'll invite her or add her on Facebook, and then we'll just start chatting. So you see? It's kind of...

**FCP 2:** Before you even get to know them, to detail you already know...

**FCP 3:** Ja! You know everything about this girl [motions an imaginary list with his hands], you know where to meet her, or if you want to meet-up with her... She'll be a bit weary about it, but I mean...

**FCP 1:** I think it's just an easy way out.

[FCPs all agree]

**FCP 1:** And also, it takes out that whole emotion thing. So it's a solution.

**FCP 3:** Guys are scared of rejection, I think.

**FCP 4:** It benefits us more then, well, it depends... Because you have the negative and the positive of it. But, to stick with the times, we must just stick with it, because that's the modern times now, acknowledge that.

**FCP 2:** People use to write letters back in the day, now it's just BBM [motions with fingers on a cell phone key pad].

**R:** So tell me, do you guys ever use SM for health-related issues? Say for instance, you've got a cough, and you quickly go onto Facebook or any of the SM platforms, and you look out for what the symptoms might be, or...

[All FCPs break out in laughter]

**FCP 4:** I'd maybe do that with Google.

**FCP 1:** If it's got something to do with AIDS, or the development of finding cures, then, well, then at least just do something good. But if you've got activists or celebrities who actually act in it, then I'd rather follow that person, than follow somebody who's just giving money for scientists to find something.

**FCP 3:** Ja, like Angelina Jolie, like, if she had to come up with another cause, because I mean she's always here around Africa, helping kids with whatever need has to be met, so I would obviously follow her, 'cause I mean, she's doing something, instead of sitting at home and just writing a cheque and saying: "Listen, you go do it."

**FCP 5:** But for me, the key is that, that's just a thing, for PR...

**FCP 4:** Just to get them more famous, that's why they do it.

**FCP 1:** Are they actually really doing something...

**FCP 4:** ...out of their own will...

**FCP 1:** ...or just to get to us?

**FCP 4:** It depends on who the celebrity is.

**R:** Do you guys, apart from celebrities, do you guys think there is an advantage or a benefit to using SM for HIV/AIDS messaging for your peers?

**FCP 2:** They're already on the platform, so you might as well, uhm, just contaminate the platform with whatever messages you want.

**R:** So what have you seen before? Are you saying that that is already available on the platforms?

**FCP 2:** Ja, they're already on the platform, people our age are already part of Facebook, so might as well. I mean, you look at, now, Google's has come out with, sorry, YouTube has come out with this thing, where you see a video and then there's adverts at the bottom, you know, so that's a pretty interactive way. And I was looking at the numbers, actually, of that – I don't know if you've ever heard of a company called Vox Marketing? Ja, and they're always coming out with surveys, they had this study that people are now engaging more in videos, because of the ads that are

running over there, and speaking out more regularly, outside, you know like, because you see the video. What was that other one called, Buza TV? We we're looking for something, watching some video, then we saw this Buza advert, and then, uhm, I looked for it afterward, after I saw my video, and I was fully engaged in it. So maybe, marketing like that, could, you know, could be progressive, helping towards the HIV propaganda.

**FCP 5:** Another thing, I think, uhm, with HIV, people, it's already saturated – we just hear about HIV all the time. So, I don't think people really use SM, are actually, or want to know what's happening on AIDS, that's what I think. You just use SM to socialize. You get TB, AIDS, there's AIDS like all the time. You get it a lot from the other media points. So I think, with the SM, I don't think it's a good idea, 'cause people are not going to actually want to be involved.

**R:** As a communication medium, do you guys think that there would be benefits? Like I mentioned, say for instance the fact that it's very accessible – I mean everyone has gone on and everyone has accessed it – the fact that you could ask a question, and you could get immediate answers from everyone and anyone. What about a positive experience, someone sharing a positive story – and then encouraging others to maybe shares their stories?

**FCP 2:** In relation to AIDS?

**R:** Yes.

**FCP 1:** Well, I personally, I can see that, like, you do get like broadcasts saying, "this happened", or "so and so got AIDS but got through it", uhm, "follow this page" whatever and "find out the whole story" type of thing, and then people will go – you go click the link or whatever and then see what's going on, and then you can actually read the whole story. I think that would be encouraging to people that are positive, or that struggle with AIDS, like encouraging to them that they can actually live with it. But also, it's not like, many people also won't feel the need to talk about it. Like, that only happened once where a link got, and then, it's like, told us the whole story, and said well, if you know somebody with AIDS – get them help, or whatever... So I mean, ja, it can be encouraging, but also it's not something that's spread a lot.

**FCP 2:** So you're saying only people who have the virus, it will benefit them to be, like, in an AIDS whatever, AIDS club or AIDS community...?

**FCP 1:** No, I'm not saying that. I'm just saying that, that's what I received, like, I'm not, I don't have the virus, so I received it. I just think it was everybody that received the link. So it's like, and then you get the read up. But I'm saying, for those people also, it's like everybody's involved, but for those people it's encouraging, because of this person's story, that they're actually living, free, they're alright, they're living, they're still surviving AIDS day-by-day, so I mean it's encouraging for somebody who is living with it.

**FCP 2:** Sure.

**FCP 1:** But I'll say this – those kind of stories don't come around often. On SM.

**FCP 5:** But at the end of the day, because people say, they came to care about something when it really affects them. Generally. Because, if they know, like, uhm, the guy, then you're active, but if it doesn't really affect them personally, they might not be encouraged to participate.

**FCP 2:** Ja, that's what I've been asking about.

**R:** OK. So, do you guys think, uhm, there would be limitations to using SM for HIV/AIDS communications?

**FCP 4:** What do you mean?

**R:** Like people wanting to keep it private, or feeling that you can't trust the source of information – those types of issues.

**FCP 1:** I just feel that, using SM for it is just – you've got to be comfortable and you've got to be, as a person, you've got to be comfortable who you want to share it with. If you are the sharer, and that's also thing, that's like, not everybody is gonna go around saying, "I have AIDS, and stuff". I think also society has given this whole thing that: "OK, this person's got AIDS, let's all go this way [FCP shows in opposite direction], 'cause that person's got AIDS." But also, you as an individual has to make that decision by yourself. Are you going to try and encourage that individual who has AIDS, or are you just gonna, like, let that person go on in life?

**FCP 3:** Stuff can really get nasty on social networking, so I don't there should be communication about AIDS on social networking. I don't think so.

**FCP 1:** You know, some people will be like: "Oh, this one's got AIDS", and then the next minute, the whole world knows that that person has got AIDS.

[FCPs agree with statement]

**FCP 1:** But it wasn't supposed to be spread, like that was confidential maybe between that person and another person.

**FCP 3:** And once it's done it's out.

**R:** OK, well, my last and final question would be, what is your perception towards using SM for health-related, but more specifically AIDS-related messaging? So it could either be a "yes" or a "no", or it could be "yes and no", or "my perception is I'd never use it", or "my perception would be, sure, why not get the message out there via SM". There's no right or wrong answer – it's literally just to mine your minds.

**FCP 1:** Well, I think, my perception is, if you can get AIDS spread to more people, like, give them more knowledge, then – on SM – then, go for it.

**FCP 3:** I wouldn't mind really, but truthfully I would say that really, like, to let them do it over a social network would be really bad. But you know, let's give it a chance, see what happens. Otherwise... [FCP shakes his head to motion no].

**FCP 4:** I would say that, uhm, I mean I've got nothing to lose at the end of the day, so if I help, like, help with the cause if I click "like", or if I, some organization invite me to a group, I would be more than happy to do it. Because at the end of the day, I don't know which one of my family members might have HIV/AIDS, because everyone wants to keep it confidential. So, uhm, it would be a good cause at the end of the day, but like he said, uhm, it can, to a certain point, there's just this boundary, because if you overstep that boundary, it might just go "boom" [FCP motions to a bomb that explodes] in your face. And no one would want that, especially for example if I had HIV/AIDS and I, like, write something to a group and they actually, like, make you sweat in the wrong manner, then, I mean, then it's me...

**R:** So there has to actually be mutual consensus for anything to be disclosed.

**FCP 4:** Yes.



**FCP 2:** I think, kind of a weird opinion, but I think that it would be really like a, it would not be right, you know, it will be dependent if you're a marketer or the pharmaceutical company, but I mean, there's so much mis-education on the subject already, you know. I just can't see how SM is going to re-educate people on the... We still don't even know the difference between HIV and AIDS, you know? And then you've got a bunch of ignorant people on a platform, you know, just pushing more propaganda... I don't know, I don't see it happening.

**FCP 3:** We'll just do it amongst ourselves and we'll make up our own stories. Our own definition of AIDS, I will just write, whatever it is! I will get borderline, I will just write nonsense!

**FCP 1:** I think everybody has been educated about AIDS, from grade I-don't-know-what, through high school, I just don't think we should be bombarded with information. And it's like, so you go workout for yourself what is the good out of that situation, like, I'm not gonna go to somebody who says: "Hey, I've got AIDS", "Can I help you out or something?" I'd say: "Look man, go to a doctor". I mean there's nothing really I can do. So when it comes to things like AIDS activists campaigns, stuff like that, then ja, I'll join or whatever, but I won't like make it a mission to go out there and say spread the word about AIDS, 'cause I think everybody really knows what it's about.

**FCP 5:** It depends on, like, even who the market is, they benefit from, like the pharmaceutical companies, if they'll benefit from the SM using as a platform, 'cause then advertisers will sell more, basically, if they're using SM.

**R:** So it depends on from whose perspective you are viewing it?

**FCP 5:** Yes. What's your gain?

**R:** Anything else you'd like to add?

**FCP 3:** With SM you can't really stop it. If you like it or not, that's our call. This is the good times now, let's just go with it.

**FCP 5:** Where I see a line is, there's gonna come a point where it's just gonna be, it's gonna invade your privacy.

**FCP 3:** Until then, just go with it.

**END**

### **General notes:**

#### **What social media platforms do you use and why?**

- Facebook is the most popular social media platform.
- Twitter is seen as a social media platform for celebrities.
- Focus group participants prefer communicating through social media when expressing their thoughts, than face-to-face.
- There is a perception that people gang-up on each other on social media platforms and that cyber bullying sometimes takes place.
- Social media enables uninterrupted communication and allows one to express one's thoughts freely.

**Do you think there are benefits to using SM for HIV/AIDS messaging/comm.?**

- Focus group participants asserted that they feel saturated with information about HIV/AIDS.
- The majority of focus group participants stated that HIV/AIDS doesn't necessarily affect them personally.
- The participants of this focus group argued that using social media for HIV/AIDS communication would be a cost effective way to spread the message.

**Do you think there are limitations to using SM for HIV/AIDS messaging/comm.?**

- The spread of erroneous information was perceived as a limitation among the participants of this focus group.
- Sharing information to benefit or spread one's own propaganda was seen as a limitation to using social media for HIV/AIDS communication.
- Focus group participants are very cautious about their privacy, and the protection of one's privacy on social media platforms, was a very important issue to participants.
- One focus group participant believed that AIDS is a serious topic and shouldn't be made fun of on social media platforms that are mainly used for socializing.

## **Focus group**

### **UCT – Mixed females**

**09.08.2012**

#### **Focus group transcription**

**Researcher (R):** Do you girls know what Social Media (SM) is? Do you girls use SM at all?

[All participants nod their heads to indicate that they do know what it is]

**Focus group participant (FCP) 1:** It's quite a big part of our lives.

**R:** Ja? So what SM platforms do you use?

**FCP 1:** Well, I have BBM and Facebook, and, ja, Internet and watching TV you know, so...

**R:** OK. And you girls?

**FCP 2:** Likewise, the same... ja, Twitter as well.

**R:** Do you use Twitter [to the other FCP].

[No other FCP's use Twitter]

**FCP 3:** Just Facebook and WhatsApp.

**R:** OK, so mainly Facebook and WhatsApp? [To FCP3]

**FCP 3:** And BBM.

**FCP 4:** And Instagram.

**R:** And what do you use it for?

**FCP 2:** To keep in touch, mainly. To keep updated, I suppose as well.

**FCP 4:** To connect.

**FCP 1:** And for communication. It's a lot cheaper than like having to phone and stuff.

**R:** So, when you say to connect, to connect in what context? For work, or for studies, or socially?

[All FCP's agree that they, majority of the time, connect for social purposes]

**FCP 2:** Other than socially, but like, for example, [FCP4] and I are on the committee of [Residence], and we do use WhatsApp, BBM and, like, Facebook and other things for work-related communication as well.

**R:** So for organizing, to organize whatever it is that you need to get done?

**FCP 2:** Ja, but group communications just makes things simple.

**R:** OK. And tell me, would you girls say you use SM more to put your own information out there, or to actually gather more information?

**FCP 5:** Gather.

**FCP 1:** I'd say to gather more information, ja.

**R:** Do you post updates, or what do you do when you get onto a platform?

**FCP 4:** See what other people are talking about. You don't really want to put yourself so much out there.

**FCP 5:** If you'd want to do that you'd have a blog, I guess.

**R:** And do any of you read blogs?

[None of the participants indicate that they read blogs]

**R:** So, on Facebook for instance, you say that you mainly go on to see what other people are doing? So do you have friends who do go on to create more information?

**FCP 2:** You do get those very extroverted people, who update their status on Twitter or Facebook, or whatever, on everything that they're doing. And I suppose, I don't know, it's not necessarily like I'm going to go to this specific person's page to find out what they're doing. It's more like a, you know, scrolling down and just finding out the general, sort of, ja...

**R:** OK. So, can you describe, any of you and I'm sure it will be different, but can you describe your "typical" SM day? When do you connect, or how does it work?

**FCP 5:** Well, when I wake up, it's like next to me. But I just use it, like WhatsApp, 'cause I don't have BBM and WhatsApp is a lot less, uhm, like, I don't know... You don't use it as much, other than when you need to speak to a specific person, then you'll WhatsApp them, so I'll, you know, just chat. So ja, I'll use it when I need to get in touch with a specific person. And I like, go on Facebook, like once a day.

**R:** Once a day?

**FCP 5:** Ja like, at night.

**R:** And you [to FCP 4], also only once a day?

**FCP 4:** Sometimes even less than more.

**FCP 2:** Ja, a lot less.

**FCP 1:** It just depends, like what you're doing. I think, like if you're in a boring lecture and you have BBM or a Blackberry, then you go on Facebook, like during the lecture, or something.

**FCP 4:** It's sort of like a filler, actually. It's not something that you necessarily take time out to do, it just fills an empty space.

**FCP 2:** We go onto Facebook to find something, rather than to, just go look for updates. Ja, I don't know, maybe with age, but we've sort of, us and our friendship groups have sort of faded out of the Facebook thing, we are more interested in Twitter, and the more direct thing, sometime that may be perceived as – what's that all about? I don't know.

**R:** So, do you use Twitter?

**FCP 2:** I don't, but we have quite a few friends that do. I have a colleague.

**FCP 4:** I have a Twitter account. I just don't, I don't know, I just don't use it as much.

**FCP 3:** I would like never make serious comments, I just follow, like funny comments and follow celebrities and stuff.

**R:** OK. And tell me, do you use any other platforms for any other uses, so we've mentioned social and everyday time filler, say for instance something like for work, or you mentioned that you go onto Facebook when you want to find something. So what would something typically be that you would want to go find?

**FCP 2:** A person's surname, a person's number, a person's birthday...

**FCP 4:** To find out if your friend is really getting married!

[All FCP's agree and laugh]

**FCP 1:** Or if it's like a birthday event or something, you'll generally get invited on Facebook.

**R:** OK, so it's mainly social. Would you use SM for health-related searches at all? Say for instance, a family member or a friend has the flu, and you want to find out if anyone else has the flu, or want to look up symptoms of flu, or a vaccine against it...

**FCP 1:** I'd probably use Google.

**R:** What about joining a social health group, something like "let's keep fit for life", which is just made up – would you join that group?

**FCP 4:** I don't know, "keep fit for life" doesn't sound so serious. If it's like "save the infants from Kenya", you know that kind of like tugs at your heartstrings and you'll go "like".

**FCP 2:** Or an environmental relating group...

**R:** That you would join?

**FCP 2:** Ja.

**R:** What would be your perception regarding using SM, any platform, for HIV/AIDS-related communication?

**FCP 1:** I think that wouldn't be a good idea.

**FCP 4:** No.

**R:** Why wouldn't you use it for that?

**FCP 1:** I don't think it's like appropriate to like, why would you post that on your Facebook, or why would you go research it on Facebook? I just don't think it's the place.

**R:** All right.

**FCP 4:** It's not just fun. Like join some groups, you'll find out if there's groups in your community, that are like, I try to find new people with common interests, not

necessarily to find out who you know, or what the nature of that connection is. I don't think so.

**R:** OK, and if there's an interest group saying there's a fundraiser for HIV/AIDS orphans?

**FCP 2:** If that came about, like on Facebook while I was on it, I'd say, maybe I'd be interested.

**FCP 1:** Ja, just to see what it is.

**R:** And why wouldn't you join it if it was, wasn't for that type of purpose? Do you feel...

**FCP 2:** I think if it's for, like awareness, or fundraising, or a socially inclined sort of thing, then it's OK. Then on Facebook, or on Twitter or whatever, then it's all right. But when it comes to more serious, more like informative things, like that's not the platform to be, do you know what I mean? Like, how is that information reliable firstly, and also why there? Like, it's just not the platform for...

**FCP 4:** Ja, I don't think we've found a way to use, like a platform like Facebook to effectively communicate about, like HIV/AIDS whatever, without, like speaking about privacy or whatever, because an open platform like that has really space for anyone to say anything that they really want or feel. So I don't think that's a place where we want to put something like that.

**R:** And what do you think?

**FCP 3:** Ja, and also Facebook is very social and do kind of, like shallow things, like look at photos and stuff and when you put something serious like that, people aren't really taking it enough seriously.

**FCP 1:** I'll be like, oh my word, like what's wrong with them? Why are they putting that on Facebook?

**R:** Do you think there would be any benefits to using SM for HIV/AIDS messaging?

**FCP 3:** I think there would be. It could definitely create awareness, but I don't know how responsive people would be, like if they would actively do something. But they'd become more aware.

**R:** And if you think about the characteristics of SM in general, like what does it enable you to do? You can quickly access information and send it out to a lot of people – do you think that would be a benefit to using SM for this purpose?

**FCP 2:** I think it would depend on the type of messaging. If you were sending out a message to say to people: "Come to Jammie, Jameson Hall, at such and such a time and get a talk about HIV or cancer" or whatever sort of serious issue at that time, then I feel like you'd get a better response. But if you were putting direct information, as to say, like the things you maybe would've said in Jameson Hall directly at the people, if you were then writing that stuff down and putting it on Facebook or on whatever SM, I don't think... I don't know if that would work.

**FCP 4:** And it's also like important to know that, like a platform like Facebook or Twitter or whatever, is only available to like, a select group of people. So by putting something on Facebook, you're not necessarily reaching very far. Especially in this country, like on Facebook, you're not possibly reaching the people who you need to

talk to about HIV and AIDS. So I mean, it's a good platform, but you're probably telling the people who already know. How effective is that?

**R:** Do you think, if a celebrity were to be sending the message, would you think that would make any effect on your interest? Specifically relating to HIV/AIDS.

**FCP 2:** I think that's relative.

**FCP 3:** Do you mean on Facebook? Because I mean, on Twitter, that's kind of what Twitter does.

[All FCPs agree]

**FCP 3:** Because you're kind of expecting those kind of announcements on Twitter. Like personal lives of celebrities, you know, you're not really expecting that kind of material on Facebook.

**R:** Would you girls trust, uhm, how big an issue is trust to you on SM platforms and on the things that you'd share?

**FCP 4:** It's really a big issue. If your profile isn't like tuned just right, like just private enough, then that could be open to anyone.

**FCP 2:** I do think we're a bit ignorant of that as well. Like we, I know we sometimes go back and check to make sure that my number wasn't actually on there, or like my address wasn't actually on. Even though we've been hearing repeatedly that you shouldn't put your information out there, some people do leave their numbers on there. Some people do have a, what's it called, a find function or whatever, where you can track exactly where a person is. But like, trust is a big issue, I suppose. Like, I think with Facebook would be a major, sort of uncontrollable issue, but I think like, with things like WhatsApp and BBM, those are friends that you have, have accepted as real, so if you want to send them your location, that's your own...

**R:** It's your choice.

**FCP 4:** There's no consent sort of on a platform like that.

**R:** But yet you girls have the power to choose who you accept as your friends or not.

**FCP 4:** You do, but that doesn't mean someone who isn't your friend can't make their way to your profile.

**FCP 3:** So I mean, you actually have people that you know, not just your friends like on BBM you specifically go and add a person, like so you have contact with him. And on Facebook, like if someone knows you they'll add you, you know? You're not necessarily friends with them.

**R:** What would be your perceptions, just in general, and this is pretty much the last question, regarding using SM as a channel to convey HIV/AIDS-type messaging? Good or bad? Just anything, anything that comes to mind.

**FCP 2:** I think as a middleman, like for announcements, like, "Let's eat here", I think that would be most effective. But in terms of giving, especially with HIV, I'm linking it with very medical, very serious information, and I don't know if that, if posting that and letting people comment on that, it's such an open thing, would be very advisable.

**FCP 3:** It's also very serious. You never go onto Facebook to do research or read about serious matters.

**R:** Would it be fair to say that it would have a place as a mobilizer, to kind of mobilize the troops to get them active on a cause?

[FCPs all nod their heads in agreement]

**FCP 1:** Ja, like to make them aware of events that are happening.

**FCP 3:** Anyone could care about anything. So, then what do we really care about? We're cluttered with so much stuff all the time, like we want something to work – you've got to direct your focus there.

**FCP 4:** We're kind of like desensitized.

**END**

### **General notes:**

#### **Context**

- Matching the correct SM platform within the context of your communication was perceived as very important to this focus group.
- Focus group participants stated that they use SM mainly for social purposes, which aren't too serious.

#### **Do you think there are limitations to using SM for HIV/AIDS messaging/comm.?**

- The focus group participants didn't feel that SM isn't the most apt media form to communicate direct HIV/AIDS messages to peers.
- Focus group participants stated that they are saturated with and desensitized to information about HIV/AIDS.



## **Focus group**

### **UCT – White females**

**09.08.2012**

#### **Focus group transcription**

**Researcher (R):** So, to kick off – what Social Media (SM) platforms do you guys actually use? Do you use SM?

**Focus group participant (FCP) 1:** I use Facebook, BBM and WhatsApp.

**R:** And for what purposes do you use it?

**FCP 1:** BBM, to like organize things with friends, it's cheap, and then WhatsApp as well for people with iPhones. And then Facebook to see pictures, plan events, catch-up with friends overseas maybe, and that kind of thing.

**R:** Do you use Twitter at all?

[All FCPs say no]

**FCP 2:** I've got Twitter, but I don't really use it that much. It's kind of something that everyone's got, but you don't really go on, but sometimes it's nice to see cool quotes and so on, so people follow different things like that.

**R:** And you girls?

**FCP 3:** Ja, I also like got Twitter at the beginning just to see what it was, but I don't really go on it, I don't see the point in it to be honest.

**FCP 4:** I don't have Twitter, I've just got Facebook, BBM and then WhatsApp obviously as well. And Facebook, ja much the same – plan events, see photos and speak to people overseas as well, which is really nice, especially if you've got family over there.

**R:** And, would you say you post a lot of info on whichever SM platform you use more, or do you mainly go on to see what other people are doing?

**FCP 4:** I don't post a lot of stuff at all.

**FCP 3:** Like, ja, I never put statuses on.

**FCP 1:** And I don't even go on Facebook to see when other people go on, I literally go on to see photos or things like that or to speak to people, there's not much else.

**FCP 2:** I use Facebook quite a lot, 'cause I like taking photos, so then I go on to upload the photos before I forget, so that's mostly what I use Facebook for.

**R:** Would you say you consume, if you had to use those words, you consume more information as oppose to you're creating?

**FCP 3 & 4:** Ja

**FCP 1:** Definitely.

**R:** What different contexts do you use SM for? Like you mentioned to organize parties or events, is there any other type of context that you use it for? Like for studies or anything else?

**FCP 1:** BBM I use a lot for studying.

**FCP 3:** Ja, me too.

**FCP 1:** 'Cause it's so quick to say like: "Your room in 5 minutes", or like send a photo of work, or...

**FCP 2:** Obviously like to stay in touch, it's an easy way to stay connected with people.

**R:** To socialize?

**FCP 2:** Ja, basically.

**FCP 1:** And also like, if you don't have airtime you just send voicenote.

**FCP 4:** Ja, I was just about to say the airtime, 'cause then it's just so much easier to send a BBM.

**FCP 1:** 'Cause it's like phoning a friend but you're not spending any money.

**R:** OK, so it's cheaper as well?

[All FCPs agree]

**FCP 2:** Like the main thing that I use it for.

**R:** Do you use LinkedIn at all to look for work, or...?

**FCP 3 & 4:** No.

**FCP 1:** I don't even know what that is?

**R:** Would you use SM for any health-related purposes at all?

**FCP 3:** No.

**FCP 4:** Not really.

**FCP 2:** No, I don't think so.

**FCP 1:** Well, like if my friend was sick I'd BBM her, but I wouldn't put it on Facebook. I wouldn't be like, "Kirst is sick". I'd just BBM her to say, "I hope you get better soon".

**R:** And say for instance, someone in your family or your group of friends is sick, and they are looking for advice, would you go onto Facebook and look for flu symptoms...

**FCP 2:** Not on Facebook.

**FCP 3:** I won't use Facebook, I'd use Google.

**FCP 2:** I'd look it up on the Internet.

**R:** And would like, for instance, follow "Hello Doctor"?

[All FCPs shake their heads to motion a no]

**FCP 3:** No!

**R:** Why not?

**FCP 1:** 'Cause I think like...

**FCP 2:** It's boring.

**FCP 1:** No, like, what are you hiding, how do we know we can actually trust that? How do you know that he's actually a qualified doctor, or he might be a qualified doctor, but how do you know he has a good reputation or not?

**FCP 2:** It's like speaking dog, I don't know – I'd never think of that? I'd never think of following an online doctor.

**FCP 4:** And you've got to be careful, like today there's so much of that where it's just random people that have just put up, uploaded stuff, or put things...

**FCP 1:** Yeah, opportunists.

**FCP 4:** ...and that it actually isn't trustworthy.

**FCP 1:** Also, what I don't like about Facebook, and this is just my own opinion, but sometimes, let's say a family member of mine passed away or something, I wouldn't like Facebook people to put their statuses... I'd rather they come to me in person, or like, write me a handwritten note, or even just a phone call, 'cause then it's so genuine. Inbox is fine, because then at least it's private, otherwise the whole world can basically see that, and then your whole life is...

**R:** So it's almost like invading your privacy?

**FCP 1:** Ja.

**R:** Or making your private life known?

**FCP 1:** Ja.

**FCP 2:** It's like a farce. You feel like they're writing on your wall, because they feel it's the right thing to do. Like, you don't know if they really care.

**FCP 1:** It's very impersonal.

**FCP 3:** Sometimes it'll be like, even if you don't post things on Facebook about your personal things, other people are posting it for you. You are not wanting to tell the world what you're doing, but other people are doing it for you.

**R:** So you don't have control of the message?

**FCP 1 & 2:** Ja.

**FCP 4:** Just on the inbox thing – I probably inbox people more than what I do writing on other people's walls on Facebook – it's more private.

[Other FCPs agree that they do the same]

**FCP 1:** Even if it's just like, the little things. Then you don't feel like everyone knowing that you're going through a tedious time.

**R:** Would you use SM at all for a specific health-related issue, like HIV/AIDS?

**FCP 3:** No.

**FCP 4:** I don't think so.

**FCP 2:** It's like, too serious for it, you know?

**FCP 1:** And also, we've been educated, I don't know about you guys, but you got educated so much about AIDS. Like we'd always have these huge things...

**R:** So do you feel there's been a bit of an information overload? That you've been saturated?

**FCP 1:** No, not that, it's just like I feel we know now. Not, we know how to cure it, but we're very aware of it and we know how to try and avoid it as much as possible.

**R:** Do you think there would be any benefit for using SM for HIV/AIDS-related messaging?

**FCP 2:** To educate and like events also.

**FCP 1:** Ja, I think maybe to educate lots of people.

**FCP 4:** But also then, depending on how reliable it is and who's actually uploaded it.

**FCP 3:** Ja, who's actually doing it.

**R:** So the source is quite important.

**FCP 1:** And maybe also for fundraising, like if you're maybe having a big drive for an AIDS orphanage and you need to fundraise, then maybe that is a good way to get lots of people aware of it.

**R:** And would you guys then join in?

**FCP 1:** Well, I think maybe if I knew people joining in...

**FCP 3:** Because then you'd know who it is...

**FCP 4:** And whether it's a reliable source...

**R:** Do you think there would be a benefit to using SM as a platform for health-related messaging, and more specifically HIV/AIDS messaging? And if yes, what do you think would the benefits be?

**FCP 2:** Ja, there could be benefits. It's fast, so you know you can bring your point across fast.

**FCP 1:** Also like this morning, my friend hurt herself last night and she's not feeling well today. So my friend could just be like, "I'm in", because she told me, "I'm in hospital", and then you'd know straight away.

**FCP 4:** And I think, also, if it's directed at the right kind of age group, like, our sort of... One's that are, like our generation, that are more in touch with that kind of thing more, then ja, it could be good.

**R:** So do you think that your generation is quite vulnerable in terms of HIV/AIDS?

**FCP 3:** Yes.

**FCP 2:** I think so.

**FCP 1:** I think every generation is vulnerable.

**FCP 4:** I think us more so than older generations.

**FCP 2:** But also at the same time, less so, because awareness has grown, like back in the day, people didn't really know so much of the causes and stuff, but now we know. But we are, probably, a bit more promiscuous and stuff.

**FCP 3:** I kind of feel like, at the beginning, people didn't really know about it, but then when awareness did start to grow, they were like, all over with the serious things, but now, even though there is more awareness, people are kind of, more casual about it. Because it's been around for so long and there's always a kind of 'I'm invincible, it'll never happen to me' type of attitude.

**FCP 1:** Also even just with like, condoms and stuff, lots of times they do break, like you don't... You think you're being safe, but you don't actually know. We are quite, susceptible to that.

**R:** You guys have alluded to it, but what do you think would be the limitations to using SM for HIV/AIDS communication?

**FCP 2:** Privacy and sensitivity of the topic, and also not making it too much of a sensationalist issue, like if they can still like, make people know how serious an issue it is.

**R:** And do you think that either a positive or a negative experience could influence people to either join in or to stay away? Say for instance, someone posted something on Facebook about their status, then some people would say, "That's hectic, I actually don't want to be a part of it at all", or someone else would say, "Gee, that's so courageous, I want to be a part of it".

[All FCPs agree with last comment]

**FCP 4:** Ja, I don't think people would be that bad.

**FCP 3:** Definitely.

**FCP 1:** Because so many people have different opinions and stuff.

**R:** Is there anything else you girls want to know or want to ask me?

**FCP 1:** I was just thinking about another thing, going back to the age thing... I just think 'cause crime's gone up a lot now, and our generation's usually going out a lot more than say our parent's generation, and it's more common now that girls' drinks are spiked and they get raped, and I think then it becomes more, I think we do become more affected by it.

**END**

## **General notes:**

### **Context**

- Using SM is a cheaper method of communicating with friends and family.
- Participants didn't want to relay information that is perceived as 'serious' on SM platforms.

### **Do you think there are limitations to using SM for HIV/AIDS messaging/comm.?**

- The focus group participants are very cautious about their privacy on SM platforms.
- Trust and validity of the source, especially with health-related and HIV/AIDS-related messaging is a big concern to these focus group participants.

## **Focus group**

**UCT – White males**

**09.08.2012**

### **Focus group transcription**

**Researcher (R):** What do you guys think about Social Media (SM)? Do you use SM and if you use it, what contexts do you use it for?

**Focus group participant (FCP) 1:** Well, I'm pretty sure we all use Facebook. I use SM, like Facebook I use for obviously staying in touch with friends. I also use Twitter, I use Twitter more so, like for looking at news articles and sport events and that kind of thing.

**R:** All right, any of you other guys?

**FCP 2:** We like use SM all the time, like if I have nothing to do obviously in my room, like I go onto Facebook, and I'll look at like photos of friends, stay in contact, make plans with them.

**FCP 3:** I think BBM has become huge as well.

[Other FCPs agree]

**FCP 3:** You lie on your bed and you could like, chat to several mates at once. Which is like, you know, it's a good pastime.

**FCP 4:** Also like, Twitter is just like a personal journal. You can just say whatever you think is applicable or might interest people like you as well, or you can see what organizations say that you relate to.

**R:** And do you use Twitter?

**FCP 1:** Ja.

**FCP 4:** I do.

**FCP 3:** I don't.

**R:** And what contexts would you say? Is it more for social – or what context, fun? Any of them, all of them?

**FCP 4:** For me it's social.

**FCP 3:** It can be enjoyable.

**FCP 1:** Like I see it, Twitter, 'cause well, being in res and that, you don't really keep up to date with news, so like on Twitter we follow things, or I follow like Reuters and News 24 and all that kind of thing, as well as like SuperSport and that kind of thing, just, like to get upcoming sport events, and results and that, if I can't watch it.

**FCP 2:** Even like, if you're not doing anything, I think we all do it, we'll go onto Facebook, BBM and we'll just look at like status updates and stuff like that...

[All FCPs agree]

**FCP 2:** It's just like a means of social interaction, like the whole time. You feel like you're in touch with everyone all the time. They make a status, you can just see it, so you know what they're up to and things like that. So you're always in contact, so you're always like almost socializing, so it's like social interaction just continues.

**FCP 4:** Like a voyeuristic.

**FCP 3:** I got to copy what [FCP 2] has to say on that one, in terms of you feel in touch with people. I don't know how we did it before? We see what our mates are doing, we see pictures from the night before, 'like' statuses that we agree with...

**FCP 4:** When you forget your phone or BBM is down or something, you feel so out of it, 'cause all of a sudden there's no interaction with other people.

**FCP 3:** Like you go somewhere where there's no reception, for BBM, and you feel like the world is just going by and you've got nothing to do with it.

**FCP 1:** And also like, just like comparing BBM and WhatsApp, 'cause I'm sure a couple, I know [FCP 2] and I do have both, like WhatsApp doesn't compare just because we need to look at the recent updates of other people just to feel like we're involved with everyone else.

**R:** OK.

**FCP 1:** That's how I feel.

**FCP 4:** Ja.

**R:** Would you guys say, obviously from a personal point of view it would differ from one person to the next, but do you go onto any SM platform to see what other people are doing more or to actually contribute to the conversation, like by posting your own status updates or adding your own point of view?

**FCP 2:** I think, like most of the time, I'm just checking out what other people are doing.

**FCP 4:** It changes, like when you feel you have something to say then you say it. So, you know, if you want to post a picture on Facebook that you think is a cool picture...

**FCP 2:** You spend most of your time looking at what other people are saying, like you see what their status is, where they're going, their photos, most of the time. And then every now and again you post your own stuff.

**R:** But you're not afraid to post your own stuff? You create content quite easily?

**FCP 3:** No, not at all, we'll do it easily.

[All other FCPs agree]

**FCP 3:** If it's personal to you, then it's fine.

**R:** Would you use, or do you currently use SM for any health-related purposes at all?

**FCP 4:** Health-related things? Could you clarify?

**R:** Say for instance, if you use Twitter, would you follow a "Body for Life" or "Staying Healthy" or any of those types of group updates?



**FCP 1 & 4:** No.

**FCP 3:** Things that I follow, is “Heli Vac”, which is the emergency helicopter, which is probably not health related, but they report incidents of accidents and stuff. And sometimes they post links to articles about like, health-related stuff. But that’s about it.

**FCP 1:** I have nothing on Twitter to do with health.

**FCP 2:** No.

**R:** Would you guys use SM for any HIV/AIDS-related messaging?

**FCP 4:** No, I think HIV/AIDS in South Africa is quite a taboo topic still, and also a topic that you don’t really want to see on your Facebook page. Like, you know, Facebook I think is like a trivial escape from your real world. So you can go onto Facebook, and you could like, get lost in the world of your friends, uhm, and it’s an enjoyable thing. That’s why people do it. Like the “plug drug” – you’re so enwrapped with it, I think a topic like AIDS would just bring you down to reality and remind you of what is actually out there. So I wouldn’t want to see something to do with AIDS on my Facebook, I must say.

**R:** So would it be fair to say that it’s almost like an escape from reality? A place where you want to create your own reality, where you decide your own reality and who you let in and out?

[FCPs agree]

**R:** Would you guys think that there would be any benefit to using SM for HIV/AIDS-related communication?

**FCP 2:** I don’t know.

**FCP 4:** Increased awareness?

**FCP 2:** Ja, maybe it could be like a bit of increase in awareness, but I don’t think people would take much interest in it, if I’m honest. Like, with Facebook there’s always fan pages and stuff, like you become a fan of a movie or something, where you get updates on it the whole time. I’m thinking if there was like, and AIDS awareness page, honestly if you’re getting updates on AIDS awareness the whole time, I don’t know if it would be the most popular thing on Facebook.

**FCP 3:** And also, the people who have Facebook in South Africa, they’re probably already aware of AIDS. People who don’t, like aren’t aware or least aware, probably don’t have access to Internet and stuff like that, ‘cause they’re, like in rural areas and that kind of stuff. So there’s like a lack of education. So I know it’s a generalization, but I think if you have Facebook or Twitter, you probably already are aware of AIDS.

**FCP 4:** You probably own a laptop, or you have a regular Internet connection, so your social-economic status wouldn’t be similar to someone living in a township where AIDS is more prevalent. I think that’s his point.

**FCP 1:** Like more than that, I feel like, in school we had AIDS drilled into us so much, we’re kind of overhearing about it.

**FCP 2:** Ja, when you go onto a social networking site, like ja, we hear about AIDS so much, like even at UCT, as we arrive, first thing we heard was about AIDS. So you

don't want to go, like onto one of your pastimes, which you enjoy, to just get the same thing, and just reminding you of school where it was drilled into you already.

**FCP 4:** Ja, I second that.

**R:** As a platform – because you use it in a social context to connect to a lot of people in a short amount of time, because it's so easy to disseminate information – do you guys think that could be a benefit to using SM for HIV/AIDS-related communication?

**FCP 1:** Can you clarify?

**R:** I'm saying, do you think the quick dissemination of information could be a benefit to use SM for HIV/AIDS communication?

**FCP 4:** Well, amongst doctors, maybe. I wouldn't send a message to my friend, regarding AIDS.

**FCP 2:** I mean, there is sort of an opportunity. I hear what you're saying, you can interact so quickly and the message can be spread like really fast. If there was a way to create a bit of interest, then I'd say I think it could be effective, because almost everyone uses a social networking site. So, if like, somehow there was a way to create a bit of interest towards the whole AIDS awareness thing, then I'd think it's a very good platform, 'cause there's so much quick interaction the whole time.

**FCP 4:** Could go viral, like that Kony thing...

**R:** And limitations? What limitations do you think there would be to using SM for HIV/AIDS-related messaging? You've already mentioned stigma.

**FCP 4:** I think we've mentioned the one about seeing it on our profiles.

**R:** So the fact that it's open?

**FCP 4:** Ja. You don't really want to see it.

**FCP 2:** Ja, it could take a bit away from the whole enjoyment side of SM.

**R:** OK, so you don't want to see a serious subject on a fun platform?

**FCP 2:** Ja.

**FCP 3:** That's one real disadvantage for it.

**FCP 1:** Also like, just because of the stigma that does still surround HIV/AIDS, personally I wouldn't send messages about AIDS and that to my friends, just because I don't want them to associate me with HIV/AIDS.

**FCP 4:** Ja, that's a very good point.

**R:** And in general, would the validity of information and the source where it comes from, and by implication trust – how important would that be to you?

**FCP 4:** Very important, without a doubt. I think if you saw our Minister of Health a few year back, saying the African potato etc. could cure AIDS, and then you're creating fallacies amongst population that don't exist, then, you know, that's very dangerous. So if you've got something to do with HIV/AIDS that goes viral, you know, say someone starts a rumour that there's a cure to it, then, like within a matter of hours, you've got hundreds of thousands of people that have seen it. And maybe some of them would believe it.

**FCP 2:** Ja, it could very easily create, like that, if it's not valid information, it could create huge misconception.

**FCP 1:** Especially if it's being broadcast on SM, because like, SM the sources of all the information is always so sketchy. Like on Twitter, there's like, at least once a month, rumours about some celebrity that's died, and then the next day or a week later, they'll say it was just a rumour. So I've already become so skeptical of everything, even when I see statistics in the news, anything like that.

**FCP 3:** People generally believe what they read on the Internet, so if there is false information out there, they're probably just going to accept it as being true, whereas often a lot of the stuff is actually just not valid.

**FCP 4:** I think a very good, I follow "Lead SA" on Facebook, and that's brilliant, because it's all done by a team, and they all discuss what they're going to publish and how they're going to publish it. So it's gone through a process. If they had something to do with HIV/AIDS like that, then I think it could work.

**R:** Would you guys say that a negative experience would discourage people to participate, and a positive experience encourage people to participate? I'll give you an example, say for instance I put up a status, "Just went for a testing on campus, such a nice idea" – do you think it would encourage or discourage people?

**FCP 4:** I don't think I'd like that. I wouldn't 'like' that status.

**FCP 3:** Well, I think maybe I'd consider going for a test more if I saw something like that, especially if it was one of my friends and they're doing it, then I'll be like, OK.

**FCP 2:** Ja, if it's quite like a few people and you see quite a few of your friends doing it. If it's just one person, then it could seem like, that person's just out of the loop or something, but if you see like a group of your mates doing it, then you'll be like, well everyone's doing this, so maybe I should get involved in this.

**R:** OK

**FCP 3:** But at the same time, if it's a bad thing, they're like, "I went to get tested and it was a horrible experience", like I was treated terribly and it just wasn't very nice, it would obviously have the opposite effect. I'm not going to want to get tested then.

**FCP 1:** Especially if you're already like borderline about going to get tested. If I heard something like that, I definitely won't go.

**FCP 4:** I know [FCP 2] and [FCP 1] went to go give blood during the holidays and when I saw their statuses on BBM I was like, OK cool, I actually, that sounds brilliant, I'd like to go do it myself. Because you see people doing things that are actually beneficial. That's a positive.

**R:** And what role would celebrities play? So you guys say if peers do something you might be interested, or friends – someone that you trust or that you know.

**FCP 3:** If you respect the celebrity, then I think it would have a positive effect. But if it's a celebrity with a bad reputation, doing irresponsible things, and then they say, "I'm going to get an AIDS test", I'm going to be wondering why are they actually doing this, what are their motives for putting that as their status? Were they paid to do it? It's like a lot of ad campaigns they just pay a celebrity to say something. You don't know if they genuinely actually mean it.

**FCP 2:** A lot of the stuff the celebrities say, they just say for an image. Like, they'll say, "Going for an AIDS test", and they're just trying to create this image of like, about themselves for everyone else, when it's not really the truth. And I think, like most of us see through it. Like we see, they say they're doing all this stuff, and really they're not doing it 'cause, they, like, have the hunger to do it inside, they're just doing it for this image that they want the public to see. Like I think most of us see through that.

**FCP 3:** I think your peers have more of an effect, or more of an influence on you, then like, celebrities. You know them more and you interact with them more.

**R:** I had one of the other male groups say that they will follow what a celebrity says, or say for instance someone says something on Twitter, like a celebrity bashes another celebrity, even though they don't agree, they will go with the flow, because they don't want to feel out. Does that ring true with you guys as well?

**FCP 3:** Not really.

**R:** Not necessarily?

**FCP 2:** I don't know, there are like certain things, that like everyone just almost, goes with the flow. Like everyone just makes jokes about Caster Semenya and things like that, you see them all the time on Facebook, and no one really says, "Listen okes, this isn't OK". Everyone just sort of goes along with it and has a chuckle and carries on with it.

**FCP 4:** See, I think that goes back to the seriousness of SM. Like, no one really wants to be the person who goes and says, "She's an icon and she's been through a lot" and stuff, no one wants to be the guy, who puts a downer on things. So you just go with it.

**R:** We're almost done, my last question would just be in general, do you guys have any last comments on what your perception would be around using SM for HIV/AIDS-related messaging or communication?

**FCP 3:** I think we've covered it.

**R:** There's no wrong or right – whatever you think.

**FCP 1:** I think, in general, I don't think you can classify it to like, the general SM, 'cause for me, I wouldn't want to see something like that on BBM. But then Twitter, where it's actually kind of less personal, it's more impersonal, because anyone can see your tweets, more than just your friends and that, so then it might have a bigger place there. And even on Facebook, because advertisers are on Facebook, like causes on Facebook about like creating awareness and that, it can spread more than just if it were a BBM status or something.

**FCP 2:** I feel that there's quite a lot of potential in using SM for trying to create awareness and that, but you have to, almost be able to take the stigma completely out of it, you can't have like one or two persons, like I was saying, going by themselves. It needs to be like, I don't know, a thing like that almost needs lots of groups of people together. If you can create, like almost no stigma like that, and create like, almost a little interest in doing it, then like, "Now everyone is doing it, maybe I should also get involved". If there's a possibility like that, then I think it could be very useful.

**R:** Would it be safe to say that, if it's a personal medium, say BBM or WhatsApp, you don't want to get involved. If it's more putting it out there for the masses, it might be a better...

**FCP 1:** More suited.

[All FCPs nod their heads and agree]

**R:** More suited, ja.

**FCP 4:** And it's to your preference, like I mean, Facebook – if you want to join, if you want to follow...

**R:** It's up to you...

**FCP 4:** ...and HIV/AIDS awareness campaign, you can.

**R:** But you wouldn't – not necessarily?

**FCP 4:** Well, I've never seen one.

**FCP 1:** On Facebook I wouldn't really mind, because...

**FCP 4:** Well, you don't go on it all the time.

**FCP 1:** Ja.

**FCP 3:** I don't think I would.

**R:** [To FCP 3] On Twitter you would, on Facebook you wouldn't?

[FCP 3 nods head]

**R:** That's interesting.

**FCP 4:** I mean there's so many campaigns, like Lead SA and all of these ones, and I've never seen an HIV/AIDS one.

**FCP 3:** There's something on AIDS, I can't remember what it's called, I think it's called Dance4Life. They do this whole campaign, I don't think they've got much of an influence, but they try spread the word on Facebook – so I don't know if you want to try and have a look out for that? It's Dance4Life. Basically they just trying to promote a healthy lifestyle.

**R:** Did you join the group?

**FCP 3:** Ja, I did. It's a long story.

**R:** On Facebook?

**FCP 3:** Ja. But I was in Grade 11, I was on the Johannesburg Junior Council and they sponsored us, so I kept in touch with them through that.

**R:** Thanks guys, I think that's it.

**END**

### **General notes:**

#### **What social media platforms do you use and why?**

- Facebook is the most prevalent social media platform that this group of focus group participants use.
- This group of focus group participants also use Twitter.

#### **Consume Vs Create**

- Focus group participants mainly use SM to stay in touch with friends and family.
- One participant remarked that he is so accustomed to using SM, he wouldn't know how to live without it now.
- The participants of this focus group both consume and create content for SM platforms, but consume marginally more than create.

#### **Do you use SM for health-related issues?**

- Focus group participants expressed that they do not feel SM platforms, especially Facebook, should be used for too serious topics.
- The involvement of peers that one knows and trusts would encourage participation in certain health-related discussions on SM platforms.

#### **Do you think there are benefits to using SM for HIV/AIDS messaging/comm.?**

- Participants remarked that if SM could be beneficial for HIV/AIDS-related messaging and communication, by creating awareness about the subject among different groups of people.

#### **Do you think there are limitations to using SM for HIV/AIDS messaging/comm.?**

- Depending on the SM platform and the context of the subject, focus group participants stated that they would consider getting involved.
- If the medium were a direct and more personal SM platform, the participants would not like to receive HIV/AIDS-related communication, but if it was a more general medium that they do not interact with on such a personal level, they would not mind receiving HIV/AIDS-related communication.

## **APPENDIX E: PAPER PILOT QUESTIONNAIRE**



UNIVERSITY OF CAPE TOWN

### **School of Management Studies**

4<sup>th</sup> Floor, Leslie Commerce Building

Engineering Mall

Upper campus

Ph (021) 650-2311, Fax (021) 689 7570

Dear Student,

The following **survey** regarding social media use should not take you longer than **5 minutes** to complete. Please note that there are no right or wrong answers. A quick response is generally the most useful.

You are not required to identify yourself and your response cannot lead to your identification. All responses will be **strictly confidential** and will only be used for **academic research purposes only**. The research is conducted in fulfilment of the requirements of a Master's degree at the University of Cape Town.

If you have any queries, or if you would like to have **access to the findings**, please don't hesitate to contact the researcher: Jeandri Robertson ([Jeandri.robertson@gmail.com](mailto:Jeandri.robertson@gmail.com)). Alternatively you can contact the School of Management Studies at UCT.

Thank you very much for your participation and assistance.

#### **PLEASE ANSWER ALL THE QUESTIONS**

Where applicable, please respond to the questions by indicating on a scale from 1 to 5 which statement best describes your level of agreement, or by ticking the appropriate box (X) provided for each statement.

Researcher: Jeandri Robertson

Research done for Master's degree in Business Sciences (Marketing)

School of Management Studies, University of Cape Town

## **SECTION A**

Please select from the below the option that best describes your level of Facebook use,

with 1 = have never used it, and 5 = currently use it often

		Have never used it	Tried it once, but have not used it since	Have used it in the past, but do not use it nowadays	Currently use it sometimes	Currently use it often
1.	<i>Do you use Facebook?</i>	1	2	3	4	5

2. If you do not use Facebook, please indicate which other social media platforms you use.

You may select more than one option if necessary

	Have never used it	Tried it once, but have not used it since	Have used it in the past, but do not use it nowadays	Currently use it sometimes	Currently use it often
<i>Twitter</i>	1	2	3	4	5
<i>MySpace</i>	1	2	3	4	5
<i>LinkedIn</i>	1	2	3	4	5
<i>YouTube</i>	1	2	3	4	5
<i>WhatsApp</i>	1	2	3	4	5

<i>Other</i>	
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2.1 If 'Other', please specify (you may specify more than one option if necessary)

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## **SECTION B**

For the following section, please allocate approximate percentages that would best indicate your Facebook connections:

3.	<i>Approximately what percentage of your Facebook friends have you ever asked for help or a favour?</i>	.....%
4.	<i>Approximately what percentage of Facebook friends do you have private correspondence with online, i.e. Facebook message?</i>	.....%
5.	<i>Approximately what percentage of Facebook friends would you like to meet in person?</i>	.....%

## **SECTION C**

For Questions 6-35, please indicate your level of agreement with the following statements, with 1 = strongly disagree, and 5 = strongly agree.

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
6.	<i>If I couldn't communicate via Facebook, I would feel disconnected from my friends</i>	1	2	3	4	5
7.	<i>Without Facebook, my social life would be drastically different</i>	1	2	3	4	5
8.	<i>I would communicate less with my friends if I couldn't talk with them via Facebook</i>	1	2	3	4	5
9.	<i>I worry that I will be embarrassed by false information others post about me on Facebook</i>	1	2	3	4	5
10.	<i>I worry that information that I post on Facebook will be misinterpreted</i>	1	2	3	4	5

11.	<i>I worry that personal information that I send to my Facebook friends might also reach other people that are not my Facebook friends</i>	1	2	3	4	5
12.	<i>I feel that my personal information can be protected on Facebook</i>	1	2	3	4	5
13.	<i>I believe that Facebook will not use my personal information for any other purpose</i>	1	2	3	4	5
14.	<i>I am concerned about my privacy on Facebook</i>	1	2	3	4	5
15.	<i>Facebook is a trustworthy social media platform</i>	1	2	3	4	5
16.	<i>Facebook is a trustworthy and credible source for HIV/AIDS information</i>	1	2	3	4	5
17.	<i>I would believe information relating to HIV/AIDS that I receive on Facebook</i>	1	2	3	4	5
18.	<i>I would join a Facebook group on HIV/AIDS if a celebrity that I like endorses it</i>	1	2	3	4	5
19.	<i>I will join a Facebook group on HIV/AIDS if my Facebook friends joined the community</i>	1	2	3	4	5
20.	<i>I will join a Facebook cause that helps spread awareness about HIV/AIDS</i>	1	2	3	4	5
21.	<i>Facebook enables me to stay in touch with other people</i>	1	2	3	4	5
22.	<i>Facebook enables me to have concurrent conversations with people online</i>	1	2	3	4	5
23.	<i>Facebook enables people to belong to an online community</i>	1	2	3	4	5

24.	<i>I use Facebook to find HIV/AIDS information</i>	1	2	3	4	5
25.	<i>I find it easy to navigate my way through Facebook</i>	1	2	3	4	5
26.	<i>I can find immediate answers to questions when using Facebook</i>	1	2	3	4	5
27.	<i>When I am on Facebook, I lose track of time and forget about my surroundings</i>	1	2	3	4	5
28.	<i>I use Facebook so I can escape from reality</i>	1	2	3	4	5
29.	<i>I use Facebook so I can get away from what I am doing</i>	1	2	3	4	5
30.	<i>Facebook makes it easy for me to share my thoughts and opinions with others</i>	1	2	3	4	5
31.	<i>I find it easy to update my status on Facebook</i>	1	2	3	4	5
32.	<i>Most people I know can access Facebook</i>	1	2	3	4	5
33.	<i>I find that Facebook organizes content logically</i>	1	2	3	4	5
34.	<i>I enjoy reading what my friends are up to on Facebook</i>	1	2	3	4	5
35.	<i>Facebook always has fresh information</i>	1	2	3	4	5

#### **SECTION D**

36. Age \_\_\_\_\_

37. Gender

<i>Male</i>	<i>Female</i>
1	2

### 38. Race/Ethnicity

<i>Black</i>	<i>Coloured</i>	<i>White</i>	<i>Indian</i>	<i>Prefer not to answer</i>	<i>Other</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>

38.1 If 'Other', please specify\_\_\_\_\_

For Questions 39-40, please indicate your level of agreement with the following statements.

1 = strongly disagree and 5 = strongly agree

		<i>Strongly disagree</i>	<i>Disagree</i>	<i>Neither agree nor</i>	<i>Agree</i>	<i>Strongly agree</i>
<i>39.</i>	<i>I am more likely to access online information if it's available in my mother tongue</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>40.</i>	<i>I prefer communicating in my mother tongue when responding to e-mail or chatting online.</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

**APPENDIX F: EXPLORATORY FACTOR ANALYSIS RESULTS OF THE PILOT STUDY**

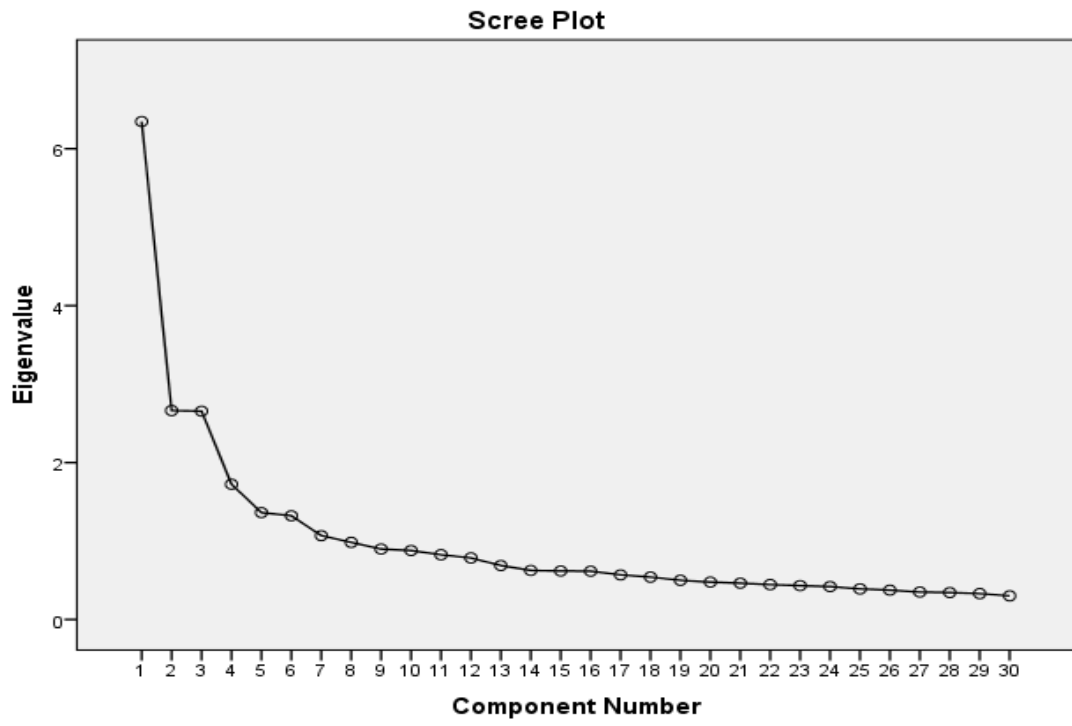
<b>KMO and Bartlett's Test</b>		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		,859
Bartlett's Test of Sphericity	Approx. Chi-Square	13002,117
	df	435
	Sig.	0,000

<b>Communalities</b>		
<b>Item</b>	<b>Initial</b>	<b>Extraction</b>
nofbdiscon	1,000	,701
nofbsodiff	1,000	,654
nofblesscomm	1,000	,719
fbfalseinfo	1,000	,634
fbmisinter	1,000	,682
fbpersinfo	1,000	,629
fbprotinfo	1,000	,628
fbusemyinfo	1,000	,666
fbprivacy	1,000	,427
fbtrust	1,000	,557
fbhivcred	1,000	,536
fbhivinfbel	1,000	,594
fbhivceleb	1,000	,636
fbhivcomm	1,000	,682
fbhivcause	1,000	,506
fbintouch	1,000	,651
fbconver	1,000	,563
fbbelong	1,000	,517
fbhivinfind	1,000	,521
fbnavigate	1,000	,384
fbanswers	1,000	,457
fbfogetime	1,000	,598
fbescape	1,000	,762
fbgetaway	1,000	,687
fbshare	1,000	,451
fbeasudate	1,000	,374
fbaccess	1,000	,440
fblogic	1,000	,499
fbenjoy	1,000	,490
fbfreshinfo	1,000	,500
Extraction Method: Principal Component Analysis.		

### Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	6,347	21,156	21,156	6,347	21,156	21,156
2	2,664	8,878	30,034	2,664	8,878	30,034
3	2,655	8,850	38,884	2,655	8,850	38,884
4	1,724	5,746	44,630	1,724	5,746	44,630
5	1,363	4,544	49,174	1,363	4,544	49,174
6	1,323	4,409	53,583	1,323	4,409	53,583
7	1,069	3,563	57,146	1,069	3,563	57,146
8	,983	3,278	60,424			
9	,898	2,993	63,417			
10	,879	2,932	66,349			
11	,826	2,752	69,101			
12	,785	2,617	71,718			
13	,688	2,294	74,012			
14	,626	2,085	76,097			
15	,619	2,064	78,161			
16	,616	2,052	80,214			
17	,569	1,896	82,110			
18	,541	1,802	83,912			
19	,500	1,668	85,580			
20	,477	1,591	87,171			
21	,463	1,544	88,715			
22	,445	1,484	90,199			
23	,432	1,440	91,639			
24	,419	1,398	93,037			
25	,390	1,300	94,337			
26	,374	1,247	95,584			
27	,350	1,166	96,749			
28	,343	1,145	97,894			
29	,330	1,100	98,994			
30	,302	1,006	100,000			

Extraction Method: Principal Component Analysis.



## **APPENDIX G: FINAL ONLINE QUESTIONNAIRE**



**UNIVERSITY OF CAPE TOWN**

### **School of Management Studies**

4<sup>th</sup> Floor, Leslie Commerce Building

Engineering Mall

Upper campus

Ph (021) 650-2311, Fax (021) 689 7570

Dear Student,

The following **online questionnaire** regarding social media use should not take you longer than **5 minutes** to complete. Please note that there are no right or wrong answers. A quick response is generally the most useful.

You are not required to identify yourself and your response cannot lead to your identification. All responses will be **strictly confidential** and will only be used for **academic research purposes only**. The research is conducted in fulfilment of the requirements of a Master's degree at the University of Cape Town.

If you have any queries, or if you would like to have **access to the findings**, please don't hesitate to contact the researcher: Jeandri Robertson ([Jeandri.robertson@gmail.com](mailto:Jeandri.robertson@gmail.com)). Alternatively you can contact the School of Management Studies at UCT.

Thank you very much for your participation and assistance.

#### **PLEASE ANSWER ALL THE QUESTIONS**

Where applicable, please respond to the questions by indicating on a scale from 1 to 5 which statement best describes your level of agreement, or by ticking the appropriate box (X) provided for each statement.

Researcher: Jeandri Robertson

Research done for Master's degree in Business Sciences (Marketing)

School of Management Studies, University of Cape Town

**ARE YOU BETWEEN THE AGES OF 18 TO 24 YEARS?**    YES ☐    NO ☐



## **SECTION A**

Please select from the below the option that best describes your level of Facebook use:

1 = have never used it, 5 = currently use it often

		Have never used it	Tried it once, but have not used it since	Have used it in the past, but do not use it nowadays	Currently use it sometimes	Currently use it often
1.	<i>Do you use Facebook?</i>	1	2	3	4	5

2. Please indicate which other social media platforms you use.

You may select more than one option if necessary

	Have never used it	Tried it once, but have not used it since	Have used it in the past, but do not use it nowadays	Currently use it sometimes	Currently use it often
<i>Twitter</i>	1	2	3	4	5
<i>MySpace</i>	1	2	3	4	5
<i>LinkedIn</i>	1	2	3	4	5
<i>YouTube</i>	1	2	3	4	5
<i>WhatsApp</i>	1	2	3	4	5

2.1 If there are any other platforms that you use, please specify (you may specify more than one option if necessary)

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## **SECTION B**

For the following section, please allocate approximate percentages that would best indicate your Facebook connections:

3.	<i>Approximately what percentage of your Facebook friends have you ever asked for help or a favour?</i>	.....%
4.	<i>Approximately what percentage of Facebook friends do you have private correspondence with online, i.e. Facebook message?</i>	.....%
5.	<i>Approximately what percentage of Facebook friends would you like to meet in person?</i>	.....%

## **SECTION C**

For the following questions, please indicate your level of agreement with the statements:

1 = strongly disagree, 5 = strongly agree.

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
6.	<i>If I couldn't communicate via Facebook, I would feel disconnected from my friends</i>	1	2	3	4	5
7.	<i>Without Facebook, my social life would be drastically different</i>	1	2	3	4	5
8.	<i>I would communicate less with my friends if I couldn't talk with them via Facebook</i>	1	2	3	4	5
9.	<i>I worry that I will be embarrassed by false information others post about me on Facebook</i>	1	2	3	4	5
10.	<i>I worry that information that I post on Facebook will be misinterpreted</i>	1	2	3	4	5
11.	<i>I worry that personal information that I send to my</i>	1	2	3	4	5

	<i>Facebook friends might also reach other people that are not my Facebook friends</i>					
12.	<i>I feel that my personal information can be protected on Facebook</i>	1	2	3	4	5
13.	<i>I believe that Facebook will not use my personal information for any other purpose</i>	1	2	3	4	5
14.	<i>I am concerned about my privacy on Facebook</i>	1	2	3	4	5
15.	<i>Facebook is a trustworthy social media platform</i>	1	2	3	4	5
16.	<i>Facebook is a trustworthy and credible source for HIV/AIDS information</i>	1	2	3	4	5
17.	<i>I would believe information relating to HIV/AIDS that I receive on Facebook</i>	1	2	3	4	5
18.	<i>I would join a Facebook group on HIV/AIDS if a celebrity that I like endorses it</i>	1	2	3	4	5
19.	<i>I will join a Facebook group on HIV/AIDS if my Facebook friends joined the community</i>	1	2	3	4	5
20.	<i>I will join a Facebook cause that helps spread awareness about HIV/AIDS</i>	1	2	3	4	5
21.	<i>Facebook enables me to stay in touch with other people</i>	1	2	3	4	5
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24.	<i>I use Facebook to find HIVAIDS information</i>	1	2	3	4	5
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28.	<i>I use Facebook so I can escape from reality</i>	1	2	3	4	5
29.	<i>I use Facebook so I can get away from what I am doing</i>	1	2	3	4	5
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31.	<i>I find it easy to update my status on Facebook</i>	1	2	3	4	5
32.	<i>Most people I know can access Facebook</i>	1	2	3	4	5
33.	<i>I find that Facebook organizes content logically</i>	1	2	3	4	5
34.	<i>I enjoy reading what my friends are up to on Facebook</i>	1	2	3	4	5
35.	<i>Facebook always has fresh information</i>	1	2	3	4	5

#### **SECTION D**

36. What is your current age? \_\_\_\_\_

37. What gender are you?

<i>Male</i>	<i>Female</i>
1	2

38. What is your race/ethnicity?

<i>Black</i>	<i>Coloured</i>	<i>White</i>	<i>Indian</i>	<i>Prefer not to answer</i>	<i>Other</i>
1	2	3	4	5	6

38.1 Answer if 'What is your race/ethnicity? Other' is selected

If 'Other', please specify

\_\_\_\_\_

For the following questions, please indicate your level of agreement with the statements:

1 = strongly disagree, 5 = strongly agree

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
39.	<i>I am more likely to access online information if it's available in my mother tongue</i>	1	2	3	4	5
40.	<i>I prefer communicating in my mother tongue when responding to e-mail or chatting online.</i>	1	2	3	4	5